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MONTREAL

Highlight for
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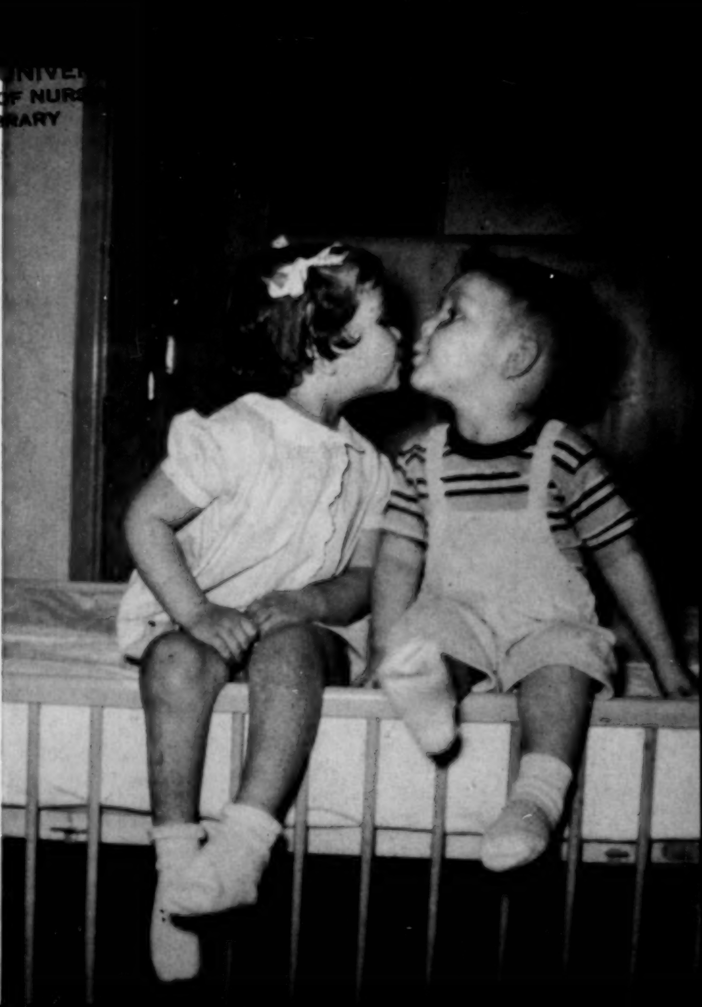

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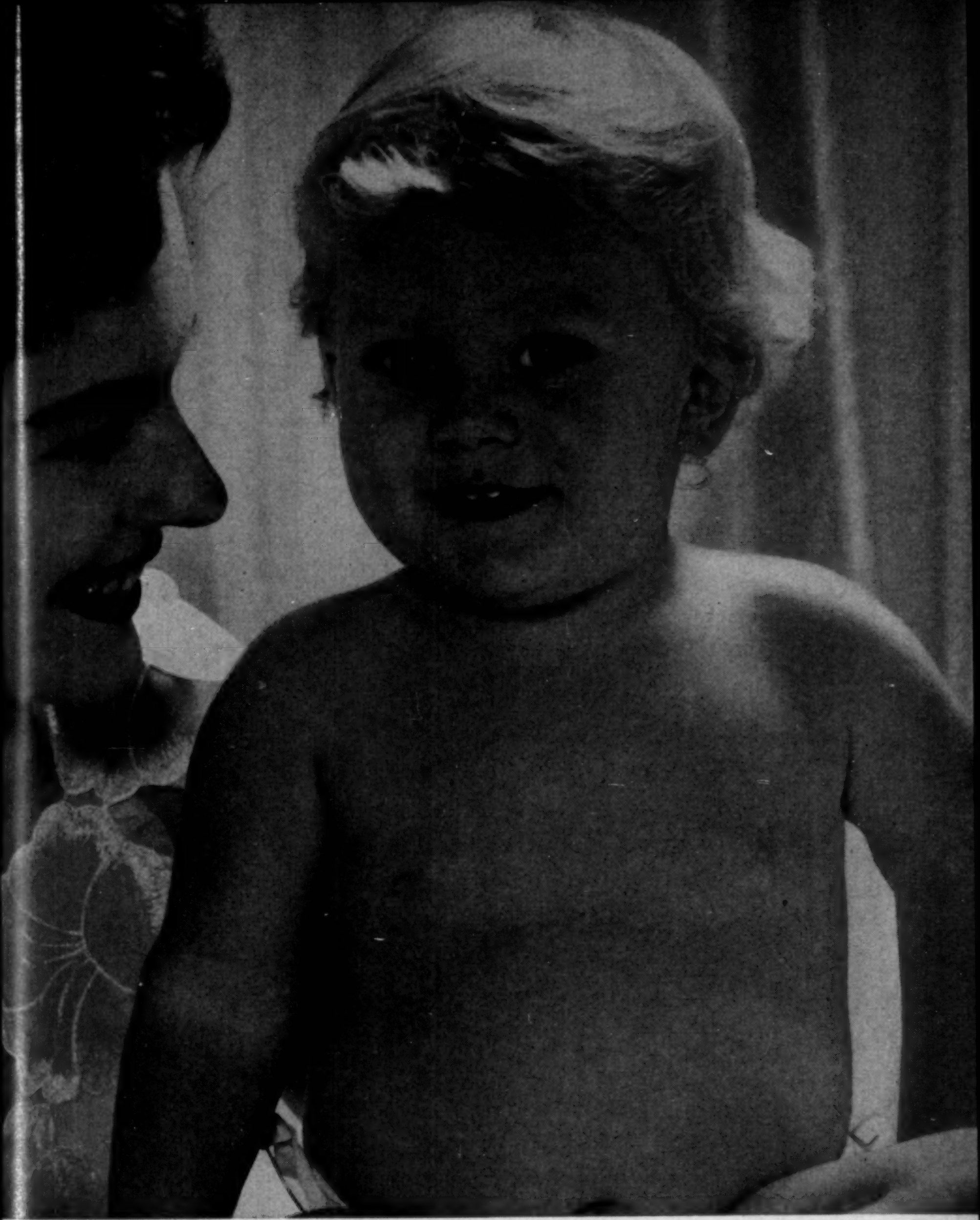

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VOLUME 51 **NUMBER 6**

JUNE 1955

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of THE CANADIAN NURSE *nor of the Canadian Nurses' Association.*

Editor and Business Manager
MARGARET E. KERR, M.A., R.N.

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Between Ourselves

Some memory searching has failed to reveal another instance of the president of the provincial nurses' association being an industrial nurse as is our guest editor this month, **Grace Buchanan Stevens.** Born in Edmundston, N.B., Miss Stevens received her professional training at the Royal Victoria Hospital, Montreal. After four years in private nursing, she joined the staff of Fraser Companies Ltd. in Edmundston as plant nurse. During World War II she enlisted with the R.C.A.M.C. and, in addition to service in England, France and Belgium, was in charge of the nursing service at Gaspe Military Hospital for 15 months followed by a shorter period in charge at Howe Lake Military Hospital. After she was discharged in 1946, Miss Stevens took a post-graduate course in surgery and surgical outdoor work, then returned to her post in Edmundston.

Elected to the presidency of the New Brunswick Association of Registered Nurses in 1954, Miss Stevens believes in community participation as well. She is a past president of the Edmundston Business and Professional Women's Club and of the Ladies' Section of the Edmundston Golf Club. She is currently vice-president of the local branch of the Victorian Order of Nurses and a member of Barrington Memorial Chapter, I.O.D.E.

* * *

Thank you! Thank you! Thank you! So many nurses have taken the trouble to write to us about the special ***anniversary issue.*** We could not begin to reply to all of the letters individually so are glad that we have this opportunity to say one big thank you to all.

There was one article in that anniversary issue regarding which a brief comment should be made. The author whom we had requested (and who had promised!) to write about basic courses in nursing at the university level, found herself unable to meet our deadline. Our disappointment was dramatically dissolved when Miss **Helen Carpenter's** interesting and informative discussion of the present developments in the University of Toronto School of Nursing arrived, just at the crucial moment. Because it describes one particular program rather than the broad dominion-wide aspects originally proposed, and because it was actually intended as a general source of information, we draw your attention to it at this time.

* * *

Vacation time is upon us again. Several times our July editorial has been devoted to this theme but we do not plan to explore another aspect of it this year. Recently, however, we came across a little item that gave an answer to the question: ***Should vacations be restful?*** We thought you would be interested to learn the answer. Doesn't it just confirm your own ideas?

What most people need for their vacations, whether they realize it or not, is freedom from accustomed responsibility. Rest and loafing around may be attractive for a few days but it usually gets to be extremely boring before the vacation is half over. Any adequate vacation should provide, if practicable, a change of scenery, pleasant diversion, freedom from responsibilities and obligations, plenty of self-indulgence and a lot of doing things just for the fun of it.

* * *

Nearly seventy changes were made in the listings of the officers, committee chairmen, etc., in the **Official Directory** appearing in the last nine pages of this month's issue. Unhappily, we realize only too well that many of the others are out-of-date. In some cases we know that it is because annual meetings, where new executives are elected, are held in the spring and our deadline for submitting changes rolls around too soon. The publication of this material is only useful if it is correct. Do you think *every* association could have the necessary changes reach us in time if, next year, we chose two other months? June and December were quite arbitrarily set two years ago. At that time we asked, through this column, for an expression of opinion from the associations. Only about two have written to us. Please, Madam secretaries, will you let us know when your elections take place so that we may plan ahead for next year?

* * *

Lois Fulford, whose plea for affiliation in tuberculosis nursing was published in our April issue, gave that paper as an address to the Nurses' Council on Tuberculosis when she was a second year student at Toronto Western Hospital.

Gentle restoration of "Habit Time"

Habit Time of bowel movement can be restored gently, provided organic pathology is ruled out, as it can be in many cases. Enemas and strong laxatives are put aside. A high residue diet is prescribed in cases of simple constipation, but spastic constipation may be aggravated by an excess of roughage. The patient must be made to understand the mechanism of defecation. He should learn to expect and obey the defecation reflex at the same time each day. He should be relaxed, patient, deliberate, even though this means altering his established schedule. The only physical aid he may require will be a prescription of emulsified mineral oil to soften hard, dry feces.

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New Products

Edited by DEAN F. N. HUGHES

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ACETYCOL

Manufacturer: Warner-Chilcott Laboratories, Toronto.

Description: Each tablet contains: Colchicine salicylate 0.25 mg., P-amino-benzoic acid 162.0 mg., acetylsalicylic acid 325.0 mg., ascorbic acid 20.0 mg., niacin 15.0 mg., thiamine hydrochloride 5.0 mg.

Indications: For relief of pain in any form of rheumatism or arthritis where acetylsalicylic acid or salicylates are indicated: osteo arthritis, traumatic arthritis, chronic tophaceous gout, etc.

Administration: One or two tablets three or four times a day.

ACNESTROL LOTION

Manufacturer: *Can. Dist.:* Fidelity Pharmaceutical Co., Toronto.

Description: Flesh tinted lotion containing 1.75 mg. micronized diethylstilboestrol dilaurate per gm., in a base of zinc oxide, talc, glycerin, water, and isopropyl alcohol.

Indications: Acne vulgaris in adolescent boys and young men.

Administration: Wash thoroughly with hot water and soap. Apply gently a thin film once or twice a day. When area is clear of blemishes (4 to 8 weeks) a maintenance dose of one-half teaspoonful should be applied every second day for 1 or 2 months.

ARFONAD

Manufacturer: Hoffmann-La Roche Ltd., Montreal.

Description: A new ganglionic blocking agent for flexible, controlled hypotension in surgery.

Indications: Provides minute-to-minute control of blood pressure in accordance with the need of the surgeon. It is especially useful in neurosurgery — brain tumors, cerebral aneurysm and intracranial operations in which bleeding might markedly interfere with surgery, in vascular surgery, repair of arteriovenous fistula, coarctation operations, aortic grafts and transplants and anastomoses of large blood vessels, where as in other major operations, it reduces blood loss and provides better visibility in the operative field.

Administration: By intravenous infusion in an 0.1 percent (1mg/cc) concentration in 5 percent dextrose in sterile distilled, pyrogen-free water. Since individual response varies, the rate of administration must be adjusted to the requirements of each patient.

ASCADEX

Manufacturer: E. B. Shuttleworth Ltd., Toronto.

Description: Each teaspoonful (5 cc.) contains the equivalent of 500 mg. piperazine hexahydrate (as piperazine citrate) in a pleasantly flavored syrup base.

Indications: For treating ascariasis (roundworm) or oxyuriasis (threadworm or pinworm) infestation.

Administration: Infants and children one-half teaspoonful daily for each ten pounds of body weight. Children over eighty pounds and adults two teaspoonfuls twice daily. Give in two courses of a week with a rest period of one week between courses.

CERUMOL

Manufacturer: *Can. Dist.:* A. K. Andrews, 1065 Eglinton Ave. W., Toronto.

Description: Each 100 cc. contains: p-dichlorobenzene 2 gm., benzocaine 2 gm., chlorbutol 5 gm., oil terebinth 40 cc. in clear, oily solution.

Indications: For dissolution and disimpaction of wax in the external auditory meatus, prior to removal. Contraindicated in otitis externa, seborrheic dermatitis and eczema affecting the outer ear.

Administration: About 5 drops instilled and left for 10 to 30 minutes according to hardness of the wax. Usually the wax may then be removed by gentle syringing or with absorbent cotton.

CHLORALOL

Manufacturer: Frank W. Horner Ltd., Montreal.

Description: A new molecular complex of chloral hydrate in *tablet* form. Each scored tablet contains: Chloralol (brand of dichloralphenazone) 10 grains.

The Journal *presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

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Indications: A sedative and hypnotic for all age groups. Valuable in extremely obstinate cases of sleeplessness, such as those caused by anxiety and hyperexcitability, and management of delirium tremens. May be used with greater latitude than other hypnotics in the presence of kidney or liver impairment.

Administration: Hypnotic: 1 to 2 tablets with water 20 minutes before retiring. Sedative: ½ to 1 tablet, as required.

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Manufacturer: Strasenburgh Co. of Canada Ltd., Toronto.

Description: A finely powdered caprylic acid resin complex containing 50% by weight of caprylic acid physio-chemically combined with an equal amount of an ion exchange resin (polyethylene, polyamine methylene resin); capsules of 250 mg. equivalent to caprylate ion 125 mg.

Indications: Prophylaxis and treatment of intestinal moniliasis, especially for patients treated with broad spectrum antibiotics.

Administration: Four capsules 4 times daily; treatment continued for 3 days following second successive negative culture. For prophylaxis, dosage suggested is 2 capsules 4 times daily in conjunction with oral antibiotics.

LYTREN

Manufacturer: Mead, Johnson & Co. of Canada Ltd., Toronto.

Description: Oral electrolytes.

Indications: A complete electrolyte preparation for oral use, useful in many conditions of fluid loss.

Administration: For infants and young children. 2½ fluid ounces of the normal dilution per pound of body weight, or enough to supply the patient's usual daily fluid intake. Offer every two hours or at regular feeding times.

For older children and adults, 1½ to 2 quarts for children or 2 quarts for adults, or at least enough to supply the patient's usual daily intake.

METANIUM

Manufacturer: The Leeming Miles Co. Ltd., Montreal.

Description: Ointment and powder containing: titanium tannate, titanium salicylate, titanium peroxide, titanium oxide, in a special triethanolamine base.

Indications: For the relief of irritation and the treatment of skin disorders, particularly those characterized by an erythematous or a pruritic symptom, as: eczemas, notably those of external origin, contact dermatitis, burns, intertrigo, neurodermatitis, prurigo, insect bites and stings, hemorrhoids, chilblains, chafing, irritating rashes, erythema of the napkin area of babies and various irritations of the skin.

Administration: The ointment should be applied to or rubbed into the skin 2 or 3 times daily, the powder to be applied 2 or 3 times daily lightly.

MICTINE

Manufacturer: G. D. Searle & Co., Toronto.

Description: Each tablet contains 200 mg., 1-allyl-3-ethyl-6 aminotetrahydropyrimidinedione, oral, non-mercurial diuretic. Prevents tubular reabsorption of sodium.

Indications: As a diuretic in the maintenance of an edema-free state and in the initial and continuing control of patients in mild congestive failure. There are no known contraindications; does not significantly interfere with potassium metabolism.

Administration: In mild congestive failure, 1 to 4 tablets daily with meals, in divided doses on an interrupted schedule (e.g. giving the drug on alternate days, or by giving for 3 consecutive days and omitting for 4 consecutive days). In severe congestive failure, 4 to 6 tablets daily with meals in divided doses on an interrupted schedule.

PROBANA

Manufacturer: Mead, Johnson & Co. of Canada Ltd., Toronto.

Description: A therapeutic infant formula, a uniform blend of protein milk, hydrolyzed casein, banana powder, and dextrose.

Indications: A powdered formula devised to meet exacting dietary requirements in critical digestive and metabolic conditions of infancy.

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The Journal *presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

We should be as courteous to a man as we are to a picture, which we are willing to give the advantage of the best light. — Ralph Waldo Emerson.

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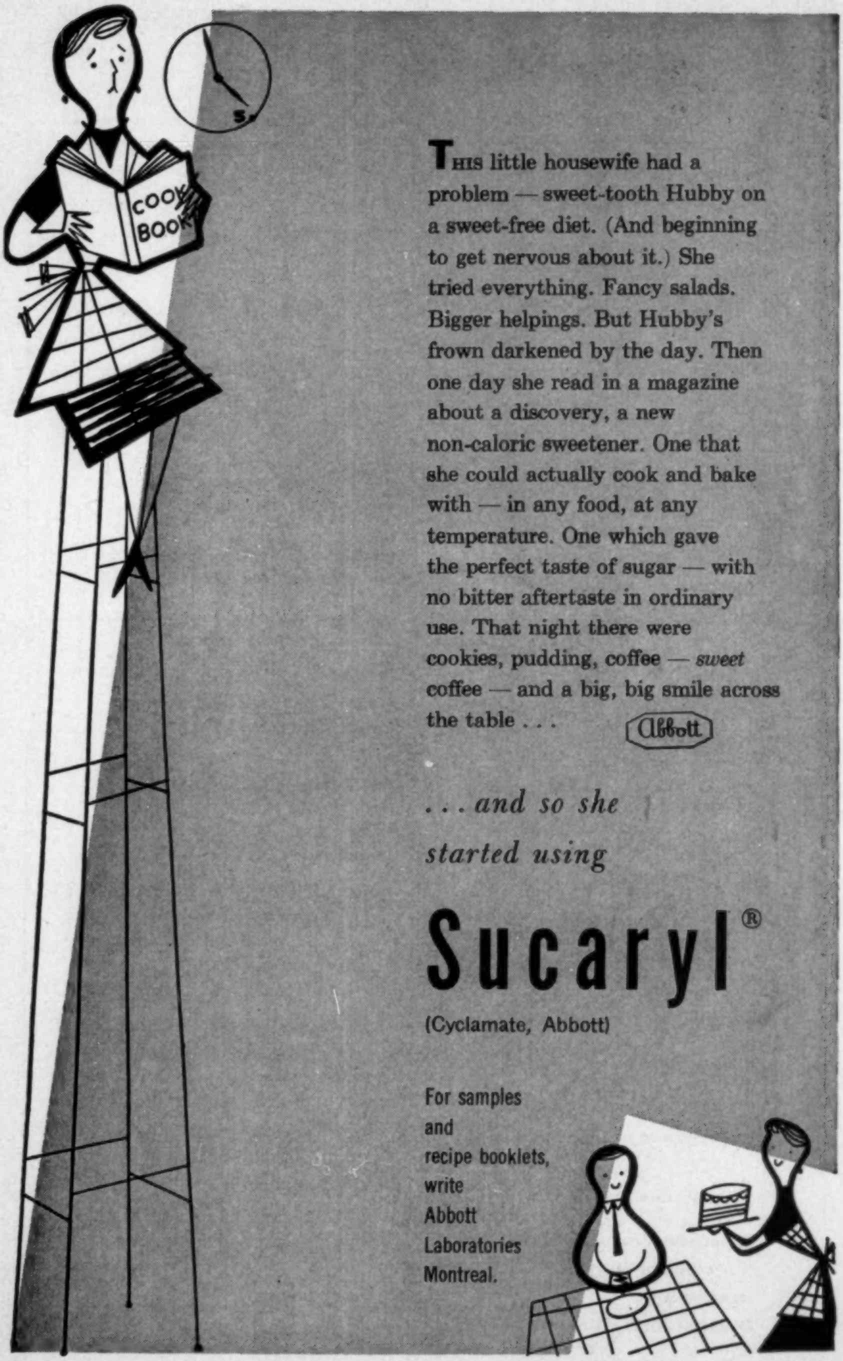

THIS little housewife had a problem — sweet-tooth Hubby on a sweet-free diet. (And beginning to get nervous about it.) She tried everything. Fancy salads. Bigger helpings. But Hubby's frown darkened by the day. Then one day she read in a magazine about a discovery, a new non-caloric sweetener. One that she could actually cook and bake with — in any food, at any temperature. One which gave the perfect taste of sugar — with no bitter aftertaste in ordinary use. That night there were cookies, pudding, coffee — *sweet* coffee — and a big, big smile across the table . . .

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A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 51 NUMBER 6

MONTREAL, JUNE, 1955

Tell it out among the People

We were fortunate at our last annual meeting in New Brunswick to have our attention directed to our responsibility in the whole field of public relations. It seems necessary for us as nurses to remind society that a useful and essential service is provided for it through organized nursing. The greatest service to the public comes from that active and productive participation which is given voluntarily by the membership. Such voluntary service has immeasurable value in our democratic society.

The New Brunswick Association of Registered Nurses serves the citizens of this province in many ways. Through our Act and By-laws the people are assured of definite protection against malpractice. Through our system of registration examinations, high standards of nursing knowledge and practice are provided by each oncoming group of nurses. We have worked long and strenuously to develop minimum standards in our schools of nursing. With each new improvement, the quality of nursing care within our hospitals is benefitted. An efficiently run hospital not only gives better educational opportunities to our student nurses, but it also insures a correspondingly higher standard of service to the patient.

Our association's efforts to bring the non-professional nurse into the health picture has provided for the people of New Brunswick another "arm" of service in the total health field.

Over many years we have searched faithfully for solutions to problems in nursing education. We are, at the present, turning our attention to the possibility of finding some of the answers to our problems in education and service in the reorganization of

Studio Laporte

Grace B. Stevens

the system of nursing education itself. The only justification for such exploration lies in the expectation of better nursing service for our people. We employ a school of nursing adviser in order to promote those standards in our schools of nursing which result in the development of improved health practices.

In order to have a sympathetic and understanding public, meetings with hospital board members, educators, women's organizations, doctors and interested citizens are held quite regularly in various areas. Such an informed public can accomplish great things by supporting our attempts to improve the whole tone and pattern of service. Our very social structure would miss much without the service rendered by the N.B.A.R.N., but results can be strengthened in direct proportion to the time and efforts spent on the development of an informed public.

Maintaining good public relations is a never-ending task. This editorial does not suggest that we have already accomplished our mission. Rather, it should remind us that our association has accomplished much to date, which our citizens would be quick to acknowledge were we as devoted to informing them as our members have been in providing the service. As we continue to try to meet the demands of our people for better nursing care, let us be fully alive to our responsibilities, as individuals and as an association, for the development of informed citizens.

GRACE B. STEVENS,
President,
New Brunswick Association
of Registered Nurses.

In Memoriam

Phyllis (Chalmers) Dunn, who graduated from Royal Victoria Hospital, Montreal, in 1952, died there on February 27, 1955, at the age of 25 years.

* * *

Ellen Frances Gallagher, who graduated from St. Rita's Hospital, Sydney, N.S., in 1934, died there on March 19, 1955, at the age of 43. She had served on the hospital staff for some years, more recently engaging in private nursing.

* * *

Muriel (Boulden) Hamilton, who graduated from Royal Victoria Hospital, Montreal, in 1916, died recently at Stewiacke, N.S.

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Harriet (Hutchins) Haugh, who graduated from the Montreal General Hospital in 1908, died in Vancouver recently in her 70th year. Mrs. Haugh served overseas during World War I. She engaged in private nursing in Vancouver for several years afterwards.

* * *

Albertine Macfarlane, who graduated from Toronto General Hospital in 1901, died in Vancouver in February, 1955, in her 78th year. Soon after graduating Miss Macfarlane became superintendent of the little 38-bed Vancouver General Hospital. She left that position in 1912 to take a senior post in Los Angeles. She served overseas during World War I with the U.S. Army Nurse Corps, going later to Honolulu.

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Kate (Montgomery) Mackay, who graduated from Winnipeg General Hospital in 1918, died at Vancouver on March 18, 1955, at the age of 66.

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Lucy (Hatch) McInnis, who graduated with the first class from Galt Hospital, Lethbridge, Alta., in 1913, died there on February 22, 1955, at the age of 63. She was a member of the nursing staff at Galt Hospital for several years and was instrumental in organizing the alumnae association of which she was honorary president until her death. Her memory is to be perpetuated through a graduation award to be given annually for proficiency in surgical nursing.

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Mary (Mooney) Morrison, who graduated from the General Hospital, Brandon, Man., in 1924, died at Winnipeg in February, 1955, at the age of 57.

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Blodwen M. (Taylor) Smith, who graduated from the Royal Gwent Hospital, Newport, Wales, in 1917, died at Moose Jaw, Sask., on February 17, 1955, at the age of 62.

Education for Professional Responsibility

AURA E. SEVERINGHAUS, M.D.

IT IS A PLEASURE to be with you at these first graduation exercises for nurses to be held at the new school of the Jewish General Hospital in Montreal. To the graduating class I offer my personal congratulations as you prepare to take increasing responsibility in the administration of medical care. You join the ranks of those who have long rendered the greatest public service and won the admiration, respect and affection of peoples everywhere.

You graduate at a time when there is a tremendous need for your services, when shortages of nursing personnel are acute in many places and where private committees and public commissions are attempting to analyze the causes back of the shortages and to discover steps that will lead to a more adequate supply of nurses. Numerous opinions have appeared as to the reasons for the nursing shortage. These have financial, psychological and social implications. The increased number of hospital beds, changes in the routines for patient care, the cost of nursing education, the financial reward, restrictive regulations concerning work, competition for woman's services in industry, and early marriage are among some of the causes which have been advanced.

One recent study called attention to "a seeming decline in altruism which expresses itself in the reluctance of many young women today to consider the role of 'ministering angel' an adequate reward for the wages and poor working conditions." You may have seen the full page cartoon of young women crowding the offices of stage and screen, TV auditions, etc., while in the upper corner of the page was inserted a picture of an empty hospital ward with a sign reading "Closed because of a shortage of nurses." Following a recent survey of pre-professional education in the United States, some of us had the feeling that fewer students are now preparing for the professions with that sense of mission and vocation in life which characterized students of some earlier periods. If this observation is correct, it may also be true that our educational programs today share some of the responsibility for a change in student attitude.

Not long ago I spoke at a state convention on higher education. The theme of the three-day conference was "The Practical Side of the Liberal Arts." When I saw this theme I wondered what the implication of that title was. Is there an impractical side to the liberal arts? The theme suggests one of the most important and basic issues in higher education today, namely, the conflict between vocational training and liberal education. What shall it be — education for making a living or education for life itself?

Without question we have become a most pragmatic people. Our schools and colleges have not escaped the pressures of an expanding materialistic philosophy, hallmark of the first half of this century. Our chief concern seems to have been, and may still be, to keep our standard of living rising. By this we mean — more and better automobiles, faster trains and planes, the last word in radios, television, washing machines, dishwashers, refrigerators, air-conditioning plants, and calculating machines. We seem to be able to devise every conceivable gadget to banish toil, insure comfort and to protect ourselves from those enemies who threaten to destroy what we have accomplished. I appreciate

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Dr. Severinghaus is associate dean of the medical faculty, Columbia University, New York. This address was delivered in 1954 at the first graduation exercises held by the Jewish General Hospital School of Nursing, Montreal.

these labor saving devices and enjoy the comforts as much as you do, but I feel at times we have the tendency to measure our progress by the abundance of our possessions, laying up "treasures upon earth where rust and moth doth corrupt, and where thieves break through and steal." This is what Macaulay meant when he wrote, "The objective of our technical age seems to be not to make men perfect, but to make imperfect men more comfortable."

It is small wonder then that schools and liberal arts colleges should have found themselves under widespread public pressure to participate more and more in vocational training. The result has been the addition of scores of courses to the curricula which serve as little more than handmaidens to some vocation or profession. One does not need to search long on any campus to find both students and faculty members who believe that courses that are not vocationally slanted are for the most part impractical. It is understandable that we must continue to develop the skills which are necessary to produce the quantities of goods related to our high standard of living. The result has been, however, an inevitable shift from liberal education to vocational training.

Some have suggested that in spite of the miracles of medical discovery and the improved methods of patient care the public is at times vaguely dissatisfied with things as they are because, perhaps, we have become too scientific or too commercial, too busy or too preoccupied, too routine-minded, and appear not to be sufficiently concerned with the individual patient and his personal problems. Some also, in calling attention to this tendency, place the blame upon the education of our doctors and nurses. They have pointed out that science has become such a large ingredient in our education and that scientific disciplines focus attention upon subject matter rather than upon the student. The result is, they say, that in professional practice persons thus educated focus attention upon the disease rather than upon the person who is ill.

Because I belong in the sciences myself, and because I fear someone may get the impression from what has been said that I underestimate the importance of science in our education, I must make it clear that I am not advocating the replacement of the scientifically trained men and women by social scientists. Nor do I subscribe to the fallacy that breadth and culture belong to those who concentrate their educational efforts in the disciplines other than the sciences. A knowledge of science is as essential to cultural development as are an awareness of the contributions of history, philosophy, and religion. The humble, probing, open-minded approach of science is liberalizing in itself and must be one of the foundation stones of liberal education. We should hold science and technology in high regard for the immeasurable contributions which they have made to society.

I also have little patience with those who would retard scientific research and technological advances on the ground that they have outrun the humanities and the social sciences. But men and women entering the healing arts today to take their places in the continuing conquest over disease should know that it is becoming more and more evident that "the conflict of our times is a conflict in the realm of ideas, in the minds and souls of the peoples of the world." Every academic discipline, therefore, which enables a person to widen his understanding, to broaden his sympathies, to increase his social, political and esthetic insight serves immeasurably in his development as an effective human being. Sir William Osler had this in mind when he wrote:

> The wider and freer a man's general education, the better practitioner he is likely to be, particularly among the higher classes to whom the reassurance and sympathy of a cultivated gentleman of the type of Eryximachus may mean much more than pills and potions. In no profession does culture count for so much as in medicine, and no man needs it more than the general practitioner working among all sorts and conditions of men, many of whom are influenced quite as much by his general ability, which they can appreciate, as by the learning of which they have no measure.

These words, spoken to physicians, might just as properly have been addressed to nurses. A. E. Surringham, in an address to nurses, has said:

> You feel today the thrill of entering into an array of personal forces in the field of medicine — technicians, researchers, teachers and administrators, experts in public health, dentists, therapists, social workers, physicians and nurses. In this array of forces, you, as nurses hold a unique position. You will spend your time at the bedside with a patient. It is here that all the lights of scientific discovery are focused. Have you ever stopped to think that we are aware of light only when it has the chance to illumine something?
>
> The patient brings real meaning to our beehive of scientific activity. At the bedside it is easier to remember that it is not just the miracle of scientific discovery pitted against the mystery of disease but pitted against the mystery of *human* disease. Without forgetting for a moment the debt which we owe to science, you are constantly aware at the bedside that scientific knowledge and skills must be applied with wisdom and understanding.
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> The diagnosis has been made or is being made. All the implications of anatomy, physics, biochemistry, bacteriology and pharmacology seem clear. The patient's chart carries the blueprint for the conquest of the disease. Everything is running smoothly. But it is then that the patient feels cold and wants a blanket, is thirsty and wants a drink, is apprehensive and wants reassurance, is disheartened and needs to be encouraged, is unreasonable and needs wise and sympathetic understanding.
>
> Although we might thus envy your favored position in the ranks, yours is no easy assignment, for you, especially, must be scientist, philosopher and friend.

Who of you has not heard, in conversation, reference to the devoted and saintly characters of years gone by — doctors and nurses who, though lacking the scientific education of today, still live in our memories as beloved practitioners? Who has not heard the question raised as to whether men and women of comparable motivation are entering the health professions today? I should wish in no way to dim the halos which rest upon the heads of the physicians and nurses of the previous generation, but I believe that no finer body of men and women has ever entered the profession of medicine or nursing than is today being admitted to our schools. As Irwin Edman has said "How bare and bleak and colorless we would be if our past did not persist. And the first thing we know, the very yesterday we renounced turns up as a golden age recollected." He then goes on to tell this delightful story:

> A few years ago there was a mutiny in Dartmoor Prison in England. The Chairman of the Royal Commission was not a man to study conditions at second hand. He went down to the prison itself and interviewed, among others, one of the oldest inmates in the institution, one who had not been involved in the uprising. "What brought about this mutiny?" he asked, "Quite frankly, what? The food, the discipline, what?" "Well sir," replied the old lag quite politely, "I have been a member of this prison, man and boy, for 40 years. I think, sir, I may properly claim to call this place my home. Now some says one thing, sir, and some says another, but it's my belief, sir, we're not getting the stamp of man in 'ere we used to."

We hope that in generations to come someone will also look back upon us with all our frailties and shortcomings and say, "We're not getting the stamp of men and women we used to."

What stamp of men and women should we be? Regardless of professional specialization, every individual hopes to be, and is expected by society to be a good son or daughter, a good husband or wife, a good father or mother, a good neighbor, a good citizen, who wins the respect and gratitude of his family and of his fellowmen, and at the same time lives with dignity, serenity and self-respect, good company even for himself.

This is an attainment not casually achieved. One works at it from earliest childhood and continues to do so throughout life. Living and learning — these two go on inseparably together. And what does one hope to achieve? In a measure, integrity, both personal and social, honesty so obvious and crystal clear that someone has recently referred to it as "transparent integrity," sound motivation, emotional stability, the satisfaction of working under one's own drive, capacity for growth, a passion for truth, selflesness, social sensitivity, tolerance of the differences among people, the ability to respond with imagination and creatively to changing situations, reverence for life and personality and for the dignity of man.

The pre-professional student does not enrol in school or college to be provided with these qualities so that he may then take professional studies and become a successful practitioner. Students come to spend some of their most critical and impressionable years in school and hence bring to the school a unique opportunity and a heavy responsibility to assist them in reaching their objectives.

There were some who hoped that our survey would provide an educational blueprint that the student and the school could follow. This we had no intention of doing and it would have been impossible even if we had attempted to do so. But we have emphasized at least four basic academic ingredients of liberal education with which every student, including those who look forward to a career in nursing, should be familiar. In the words of Professor Theodore M. Greene, an active member of our survey committee, these are:

> 1. Training in the accurate and felicitous use of *language*, as the essential condition of all reflection, self-expression and communication with others.
> 2. Training in the acquisition of *factual knowledge* of ourselves, our society and other societies, the physical world, and ultimate reality so far as it is humanly knowable.
> 3. Training in mature and *responsible evaluation and decision* in the controversial areas of (professional and) social policy, morality, art and religion.
> 4. Training in *synoptic comprehension,* that is, in the escape from the multiple provincialisms which bedevil mankind and in the attainment of larger and more inclusive prospectives.

I have found myself again and again repeating this formula for education, each time more convinced of its soundness and wisdom and each time more conscious that "we have left undone those things which we ought to have done, and done those things which we ought not to have done." To accept the importance of these four basic ingredients is a declaration in support of a broad liberal education as the best preparation for private living and professional public service.

It is obvious, also, that this concept of* pre-professional education completely rejects the idea that it is the chief concern of the pre-professional school to prepare the student for the professional school. In our system of education, which Clarence Faust has aptly referred to as "a patchwork of historic accidents," it is too easy for the school and the student to regard each educational segment as a hurdle to be cleared in order to enter the next program of designated study. "I've got my college education out of the way. Now if I can be admitted to professional school and survive those years," the student says, "I'll be done with this educational business and I can get down to work."

James Hilton called attention to the parent who unwittingly destroyed the equanimity of his incomparable Mr. Chips when he wrote in a letter to the schoolmaster, "After my son finishes his education he will enter my business." "Good heavens," exclaimed Mr. Chips, "does the fellow think that education is like measles — something you bet over while you are young so that you don't have to be bothered with it ever afterwards?"

May I return briefly to the second ingredient of education to which I referred, knowledge of ourselves, the physical world, etc., and emphasize once more that learning and living must go on inseparably together. One thought I would leave with you is that successful living depends very much upon the attitude which we develop towards "knowledge" as well as toward the "use thereof."

What of knowledge? Since knowledge dispels ignorance, it is so easy in the sciences, especially the medical sciences, to assume that mystery and ignorance are synonymous. We often become impatient, therefore, with our progress. Many years ago one of the greatest scientists of our times, Edwin Grant Conklin, startled some of us by declaring that at times he felt like proclaiming himself "an apostle of mystery." "For," said Conklin, "every mystery solved in part, only leads to more profound mysteries — world without end. The wonders and mysteries of life never grow less with increasing knowledge but rather more. For nature is infinite."

Although what Conklin has said applies to all knowledge, it is especially true of knowledge of ourselves, an area of knowledge, I might add, which most of us have most grievously neglected. For personality, like nature, is infinite. Even by working at it all his life, one can never hope fully to know himself, but one can continually know himself better.

With knowledge of the physical work and of ourselves — what of the use thereof? Since nature is infinite, the search for new knowledge will go on forever. Therefore, if we are to act at all, we must commit ourselves to action with what we do *now* know. Of course, there are those who will never put to use the knowledge that they have because they lack a sense of mission in life, but there are others who are just timid and hesitant to act because the evidence seems too incomplete. "All the evidence," writes Theodore Greene, "is never in, and we must of necessity decide and act on the basis of partial information and take the risk of being partially wrong." To this extent if one lives at all, one must at times live dangerously. To the right we see the dangers of acting "unreflectively," "impulsively," "uncritically," "believing blindly." To the left lie the hazards of endless reflection, the tendency so often associated with the academic mind, "to inquire, ponder and debate indefinitely, without ever arriving at a resolute decision and without embarking on a definite course of action." It is not an easy course that we steer.

In the ingredients of education to which we referred as *mature and responsible evaluation and decision, and synoptic comprehension* we deal not only with matters of professional competence but with attitudes and values. It is especially in the disciplines which deal with these areas that the student relates the subject matter to himself, and himself to society. It is here that in realizing the complexity of the problems inherent in the functioning of our highly complex society, in attempting to relate the present to the past, or the past to the whole, that he becomes aware of himself and his relation to all human experience, past and present. It is here that he thinks seriously about attitudes and the rules of life. Competence and attitudes — these are the twin-determiners of man's life. It is the duty of education to assist every individual in the proper development and attainment of both. This does not mean that the schools and colleges are expected to indoctrinate their students by placing them in specially assigned courses in which they can be handed a packaged set of values. "Virtue is not taught by prescription," cautions a recent educational report, but, this report continues, "there is no greater and more important subject in the history of intellectual endeavor than the subject of what a man ought to do, and how he can tell what that is." It is precisely here that liberal education often has a great opportunity to "give sharpness and meaning to the fuzzy impressionism of our untrained minds."

I would bring to you the message which President Sharples brought to the graduating class of 1888 at Haverford College, when in the course of his address he said:

> I suggest that you preach truth and do righteousness as you have been taught, whereinsoever that teaching may commend itself to your consciences and your judgments. For your consciences and your judgments we have not sought to bind; and see to it that no other institution, no political party, no social circle, no religious organization, no pet ambitions put such chains on you, as would tempt you to sacrifice one iota of the moral freedom of your consciences or the intellectual freedom of your judgments.

Competence and attitudes. In the continuing search for and the development of these, you must concentrate in earnest. Your future happiness, effectiveness as a human being, a nurse, and a citizen in our society depend in no small measure upon the foundation which you build in your earlier years.

Today you will receive a certificate — a declaration by this hospital to the world that they have educated you and are proud that you belong to them. Bird fanciers also have the practice of banding the members of their flock so that no matter where they may be found, frequently only after death, all will know to whom they belonged. But the Chinese have for ages followed a different custom. They attach a small bamboo flute to the back of each bird so that when he flies, together with the other members of his flock, there is a melody of movement which swells into a sweet hamonious chord.

Liberal education, the gift of our schools to you, like religious experience, the gift of God to man, should be like that. Our lives should be daily testimony of what we have received. It is not enough merely to read in the obituary, "a registered nurse."

Two things should happen to us through liberal education. In the various disciplines we should find an introduction into our cultural inheritance whereby we become familiar with "the best that has been thought and said in the world." Through contact with devoted and inspiring persons in the school or college community we should become henceforth different persons ourselves.

> "Nobody," wrote Rufus Jones, "knows how the kindling flame of life and power leaps from one life to another. What is the magic quality in a person which instantly awakens faith? You listen to a hundred persons unmoved and unchanged; you hear a few quiet words from the man with the kindling torch and you suddenly discover what life means for you forever more, and you become forthwith another man, carrying, perhaps, your own torch.

If our educational experience has been able to give to us these two gifts, then we will move through the daily walks of life with the stamp which has been placed upon us bearing witness that we belong to the family of cultivated and useful men and women.

The Public Wants—

MARGARET ANGUS

ARE YOU PRODUCING NURSES that the public wants? Consider, first, the public as a great indefinite mass in its attitude to the whole nursing profession. What do they want?

The public wants nurses morally as pure as their uniforms are white; but that same public is ready to pin on the whole profession the sins of any one nurse. They want a nurse mentally as alert as a top executive, with the physical stamina of a long distance runner and the physical charm of a cover girl. They expect a devotion to duty that involves a disdain for luxuries and a readiness to fulfil the role of public servant.

Your main concern with that public is in drives for funds and in your struggle for rights, privileges and better working conditions. Success in these depends largely on administrative drive and clever propaganda. I think the nursing profession could do with more publicity to educate this public about problems of the profession.

Consider now a division of that public in closer contact with your profession — the visiting public. They want a disappearing nurse — especially when the visitors are breaking rules. They want expert flower arrangers who will know how to prolong the life of Cousin John's calla lillies and how to care for African violets. They consider nursing care an inconsiderate interruption of their gossip sessions, especially when the nurse

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Mrs. Angus, who is not a nurse, lives in Kingston, Ont. She gave this paper at a conference of directors of nursing education.

refuses to give information on other patients.

Of course, those are unkind generalizations but they are too often true. I am generally opposed to hospital visitors — with exceptions. If a person is sick enough to be in hospital he's sick enough to have privacy. When Aunt Minnie had the sniffles at home the family stayed away from her; but as soon as she was sick enough to be in hospital the whole family goes visiting, including cousin Egbert who hasn't seen her in three years!

The exceptions to extremely limited visiting must, of course, be made for the patient who is just putting in time or for one who needs a morale boost. Those patients need visitors — *the right kind of visitors,* but nurses can do little about that.

The segment of the public whose wants are most important are the patients. What does a patient want in a nurse? I think that depends on three things. First, the kind of a person the patient is; second, the reason for needing hospitalization and nursing care; third, the kind of service the patient is paying for.

First, what kind of a person is your patient? Here I'm going to sound like an amateur psychologist but I think it is important to understand the patient's point of view. Going into hospital does something to the individual. Consider this individual — set off from the mass — struggling to preserve his identity. All that he builds around himself — his home, his clothes, his actions express his *self*. His home, clothes, way of life, are not only an expression of his personality they are also a support for his tender, insecure ego. They reinforce him as an individual and keep him from sinking into the mass.

Remove all these bulwarks at once, take him away from his family to the anonymity of a hospital room, a hospital gown. He feels naked and unprotected, in danger of losing his identity. Yes, going into hospital does something to the individual.

Part of this submersion of the individual is very necessary. He must be removed from the distractions of the ordinary world to concentrate on getting well. How necessary this is again differs with the individual. He is in a great and strange institution designed to remove all emphasis on anything except the offending part of anatomy. How many times have you referred to a patient as "the appendix in 426," "the concussion in 23," or "the heart case in Ward 2?"

Most patients understand how important the concentration is but it is part of the human make-up that we want to be considered as individuals. We need reassurance that even though we've become grist for some giant mill, over which we seem to have no control, someone will still treat us as people. I mean, treat us as a *whole person,* not just "that thrombo phlebitis" or "that pesky hemorrhoids case" — not just cases but people.

We know that this removal from ordinary life is not natural, just as illness is unnatural. We instinctively distrust anything that is unusual. So it takes time for the patient to get adjusted and he often doesn't manage a happy adjustment. It takes a well integrated person to adjust quickly and it is harder when he is ill.

Illness is a frustration, a disruption of the usual order. It is a disruption even of time, which seems suspended. That in itself may be upsetting. It is no good saying not to be distracted by time when time is the very element in which we move and live. Thus illness and hospitalization disrupt ordinary life in removal of outward defenses, in concentration on illness, in seeming disregard for personality, privacy, and the outside world of time and space. The link with normal environment is broken and the patient feels insecure.

Insecurity affects the individual in as many different ways as individuals differ from one another. Too often insecurity brings out unpleasant characteristics. Some people get belligerent, some get whiney, some are just plain scared. Some people take it in their stride — or seem to. But all of the circumstances when the public wants a nurse, when the patient needs a nurse — deepen the basic loneliness of the individual. It leaves one particularly vulnerable and very much in need of the chief thing I think the patient wants from a nurse — sympathetic understanding.

Certainly the patient wants efficiency and service but he also needs sympathetic understanding. You may ask — how can he expect sympathetic understanding from over-worked nurses who have all they can do to get the practical jobs done? There is no need to remind you it is *how* the nurse does the necessary jobs that makes the difference between sympathetic understanding and cold indifference. I am not suggesting that nurses should wallow in the patient's troubles but I don't approve of the detached attitude. Perhaps I simply need to repeat — let's remember patients are people, not just cases. That is what the patient wants from the nurse.

The present-day emphasis on psychosomatic medicine has made those in the field of nurses' training, more conscious of the nurses' attitude toward the patient. I think there should be still more emphasis on it. I know, too, some nurses in staff positions place the emphasis on methods of patient care that can counteract careful teaching. They might consider it a relaxation of standards, but you know it is asking for higher standards.

In your curriculum in schools of nursing is there too much emphasis on technique at the expense of the feeling behind the technique? I ask that because a friend once said, "That nurse managed to hurt — even giving the thermometer. And she won all the prizes for efficiency." I expect to her the patient was a necessary but uninteresting part of her job.

Yes, patients are people. They range from those who actually enjoy ill health to those who never quite admit how badly they feel. The patient's very personal feelings must necessarily have effect on the method of treatment. The belligerent person whose attitude is "here I am, now make me well again;" the whiney one who says, "I can't, it hurts;" and the one who says, "I'm in your hands just tell me what to do," present very different problems even if they all have the same illness.

The kind of illness is the second consideration in what the patient wants from a nurse. I am sure you deal with this very thoroughly in technique and nursing care, but what I want to emphasize is that the kind of treatment prescribed is complicated by the personality of the individual receiving the treatment. We might make a survey of the patients in a few rooms to explain what I mean.

Here is an old lady with pneumonia, in hospital for the first time. She has strong feelings about the privacy of her person and even insists on climbing over a bed rail to tend to her own toilet needs.

Next door is a young woman sent over from maternity when they discovered cancer. Panic-stricken she wonders if she should tell her husband who is about to go overseas. Months in that hospital room face her. How will she meet it?

The young man next door is getting insulin shock. He's been unable to cope with family troubles but is hanging desperately to a sense of humor. One morning he greets a lovely blonde nurse, "Well! This morning I *am* with the angels."

The man in the next room, on a diet, sends his wife out to buy him a hamburger. His room-mate after a disc removal refuses to do the prescribed exercises "because it hurts."

There is a middle-aged woman with thrombo-phlebitis, her arms and thighs black from regular injections of heparin. The doctor has told her husband the outlook is not good — but she is still hopeful and determined.

What differences in nursing technique! What a difference in what each one needs and wants! What a difference in attitudes and demands! We seem to be asking a nurse to be a psychologist, a character analyst, to understand those various people; but it is important, in varying degrees, with different people.

What is often overlooked is the fact that the usual hospital patient knows little of the workings of the hospital. He seldom knows how many nurses care for how many patients, how the hours of duty are arranged, or how time-consuming care of some patients can be. The patient is like the university professor who assigns outside reading as if his course were the only one taken, forgetting that others probably do the same. So the patient, not knowing how many others need care, nor realizing what that care entails, may ask more than you can give.

Here you have a problem of integrating the individual in the mass. It requires some explanation — which isn't easy with a sick patient. It certainly is not easy for nurses to get the balance between attention to the individual and proper care for all. I think you would find the patient more understanding if he knew your problems — more cooperative if he understood *why* you can't give him more time. This, then, is a problem of educating the public to an understanding of the nurses' problem — to control their want by a knowledge of the possibilities — to understand that often the public wants too much.

The New Chapel

One evening last October the dream of the Alumnae Association, Victoria Hospital, London, Ont., came true when the new chapel was dedicated in an impressive ceremony attended by some 250 graduates, staff members and guests. So great was the crowd, in fact, that it overflowed into the long corridor off the chapel where the service was heard through a public address system.

Many years ago a bond was purchased by the Alumnae Association as the nucleus of the "Chapel Fund." When the offer of the Hospital Trust to be responsible for furnishing and decorating the chapel was accepted in early 1953, a concerted fund-raising campaign was launched that has proven eminently successful.

A special Chapel Committee spent many hours in planning furnishings that would provide a simple, dignified and comforting atmosphere for worship and prayer for visitors, patients, staff and students. To that end, the walls are finished in panelled limed oak. Wall brackets of brushed copper provide soft, indirect lighting. The floor is covered wall to wall with gold carpeting

(Please turn to page 455)

The V. H. Crest in on the Altar

NURSING EDUCATION

L'Enseignement dans une Ecole d'Infirmières

SOEUR JEANNE FOREST, S.G.M. M.SC. ED. INF.

ENSEIGNER est un art qui repose sur des principes psychologiques et pédagogiques invariables mais dont l'application diffère suivant la classe de personnes auxquelles il s'adresse. C'est pourquoi au début de cet article, premier d'une série sur les diverses méthodes d'enseignement dans une école d'infirmières, quelques notions préliminaires sur la profession, les étudiantes, le personnel enseignant seront rappelées brièvement. Une fois l'enseignement défini et les principes de base commentés, il sera question des méthodes d'enseignement en général; les articles qui suivront porteront sur les méthodes propres aux différentes branches du programme.

PRÉLIMINAIRES

La profession d'infirmières: Cette profession a pour objet de conserver et d'améliorer la santé chez ceux qui la possèdent et d'aider ceux qui l'ont perdue à la recouvrer. On rencontrera donc l'infirmière dans des postes où, en collaboration avec le médecin, elle travaille à la prévention des maladies par l'éducation du public dans les foyers et les cliniques, ou auprès des malades dont le soin réclame des connaissances scientifiques *bien assimilées* et *appliquées* dans des techniques sûres. Partout l'infirmière doit être une personnalité bien intégrée, une professionnelle digne de ce nom, une chrétienne convaincue de sa mission: servir le Christ dans ses frères, mission qui exige le don complet d'elle-même.

Le sujet de l'enseignement: l'étudiante: Cette définition de la profession d'infirmières, si brève soit-elle, donne néanmoins une idée de l'étendue des responsabilités de l'école d'infirmières.

Lorsque la jeune fille se présente à la directrice pour faire son admission, elle désire évidemment devenir une infirmière (sans trop savoir ce que cela comporte), et la directrice s'engage tacitement à lui donner les cours et l'expérience nécessaires pour y arriver, en un mot à lui donner la formation personnelle et professionnelle exigée. L'étudiante dans une école d'infirmières l'est par choix. Elle a environ 18 ans et a terminé sa onzième ou sa douzième année; elle est idéaliste, rayonne la joie de vivre et se présente avec un capital de générosité et une grande capacité pour le sacrifice. Il faut l'aider à atteindre la maturité, à sortir de l'adolescence, à savoir prendre ses décisions personnelles. Aux éducatrices revient la tâche de lui faire réaliser son idéal en utilisant toutes ses possibilités; c'est leur devoir en même temps que leur privilège de guider les étudiantes pour atteindre les buts de la façon la plus directe et avec la plus grande économie de temps et d'énergie.

Monseigneur Dupanloup disait: "Avant de former le professionnel, formons l'homme." Pour préparer une bonne infirmière, formons d'abord la femme. Faisons acquérir la science et l'expérience, c'est excellent, mais n'oublions pas la personnalité de l'étu-

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diante qui se développe dans un milieu bien particulier, rendez-vous de toutes les douleurs humaines, l'hôpital.

Le personnel enseignant de l'école d'infirmières est donc le facteur le plus à considérer. A quoi servirait, en effet, une résidence spacieuse, un beau programme d'études sur le papier, si l'école ne possède pas d'institutrices qualifiées pour le mettre en oeuvre, des institutrices, véritables infirmières professionnelles, dont la compétence et le dévouement sont à la hauteur de leurs fonctions? Notre Saint Père le Pape Pie XI disait: "Les bonnes écoles sont le fruit non pas tant de bonnes méthodes que de bonnes institutrices."

Enseigner est essentiellement un travail personnel et qui implique des relations étroites entre l'institutrice et les étudiantes. C'est un contact entre deux esprits dont l'un donne et l'autre reçoit. "L'essentiel dans une classe, le pivot autour duquel tout tourne et en dehors duquel rien ne peut marcher, c'est l'institutrice." Il est dès lors de toute première importance que celle qui est appelée à produire une telle action sur les étudiantes soit elle-même un exemple à imiter, qu'en plus d'être une bonne infirmière elle ait un ensemble imposant de qualités qui lui permettent de rayonner à la fois la science et la vertu.

Pour enseigner il faut savoir beaucoup, il faut voir les notions de haut, être à même de les replacer dans leur cadre, de remonter à leurs origines, de voir d'un coup d'oeil synthétique l'ensemble dont elles font partie. Le savoir doit donc être étendu et profond en même temps. L'institutrice n'étant pas chargée de transmettre la science mais de la faire acquérir, une connaissance sérieuse de la psychologie appliquée à l'éducation et des principes à la fois théoriques et pratiques de la méthodologie s'impose, en plus de la connaissance approfondie de la matière à enseigner.

DÉFINITION DE L'ENSEIGNEMENT

Qu'est-ce qu'enseigner? saint Thomas nous répond: "C'est causer la connaissance dans un autre par l'opération propre de l'intelligence de celui qui apprend." (De Magistro, Art. 1) Cette définition magistrale énonce la loi fondamentale de l'enseignement qui est: *l'activité personnelle de l'élève.* Former la science en autrui, lui faire acquérir la science! . . . on ne peut donc pas transmettre la science, donner ses connaissances comme s'il s'agissait simplement de remplir des vases vides! Aussi la définition continue par *l'opération propre de celui qui apprend.* Le rôle de l'institutrice est donc d'aider, de guider, mais l'étudiante doit *apprendre* en utilisant ses facultés. De ces notions on peut déduire en quoi consiste *l'art* d'enseigner! Il s'agit de "provoquer, diriger et soutenir l'activité personnelle de l'élève." (Mgr. Ross) De cette notion bien comprise découle la raison de toute méthode d'enseignement. Il faut provoquer l'élève à l'activité en lui présentant la matière à apprendre comme importante pour elle, et soutenir cette activité en la présentant d'une façon intéressante. Les connaissances sont *acquises par celui qui apprend et non données par l'enseignement* qui ne fait que stimuler l'intelligence à connaître.

"Enseigner" de la part du maître suppose donc "apprendre" de la part de l'élève. Qu'il s'agisse de connaissances sensibles ou intellectuelles, c'est lui qui apprend par l'action propre de ses facultés de connaissance. Cette action peut être déclenchée par quelque stimulus extérieur, mais elle est immanente de sa nature et sous le contrôle absolu du sujet qui la produit. (Vinette) Pour faire comprendre l'enseignement, saint Thomas le compare souvent à la médecine. De même, dit-il en substance, qu'une personne peut être guérie d'une double manière: par la seule opération de la nature, ou par l'opération de la nature avec l'aide de la médecine, ainsi il existe une double manière d'acquérir la connaissance: l'une quand la raison naturelle arrive d'elle-même à la connaissance de l'inconnu, ce qui s'appelle *découverte,* l'autre, quand quelqu'un aide de l'extérieur la raison naturelle, ce qui s'appelle, *instruction.* (De Magistro, Art. 1.)

PRINCIPES D'ENSEIGNEMENT

Activité personnelle de l'élève: Le premier principe d'enseignement, aussi appelé la loi fondamentale de l'enseignement, est l'activité personnelle de l'élève. Ce principe n'implique pas une simple activité physique, ni une activité de production, mais une activité intellectuelle: celle de l'intelligence qui appréhende, juge et raisonne parce que la méthode d'enseignement le demande. Il faut acquérir les connaissances, se former au goût de l'effort intellectuel, et pour le faire, il faut être intéressé. Une matière est intéressante en elle-même pour ceux qui la perçoivent comme un bien dont la possession est désirable pour satisfaire un besoin qu'ils ressentent. Dans une école d'infirmières, les étudiantes sont en mesure de concevoir les matières au programme comme des biens dont la possession est désirable pour satisfaire aux exigences de leur profession.

La mise en pratique de ce principe a pour effet de rendre l'étudiante capable de comprendre par elle-même, de formuler des jugements et des raisonnements personnels, en un mot de résoudre correctement les problèmes de tout ordre que pose la vie, en découvrant d'elle-même la vérité telle qu'elle est et là où elle se trouve. Telles sont, en effet, les caractéristiques de l'intelligence mûrie, formée, vraiment adulte. Celle qui la possède est autrement mieux préparée à mener une vie autonome, personnelle et vraiment humaine que celle qui aura appris par coeur tous les manuels au programme. Penser par soi-même, réfléchir sur les problèmes, comprendre tous les aspects d'une situation nouvelle, énoncer des jugements personnels droits et sensés, tout cela demande beaucoup d'efforts. C'est tellement plus facile de penser comme tout le monde, de s'approprier les idées des autres, d'apporter à des problèmes des solutions toutes faites!

L'enseignement doit développer chez l'étudiante *l'habitude de l'effort intellectuel personnel.* Pour y arriver, l'on doit en donner le goût à l'étudiante en lui faisant sentir la joie que procurent la découverte d'une connaissance, la solution adéquate d'un problème, l'énoncé d'un jugement de valeur. (Vinette)

L'enseignement doit être intéressant: Pour réussir à provoquer, diriger et soutenir l'activité personnelle de l'élève, l'enseignement doit être *intéressant, vivant:* l'institutrice doit enseigner avec ardeur et entrain et présenter les connaissances sous leur aspect saisissant. Un heureux mélange d'ancien et de nouveau, l'utilité formelle ou pratique de la matière à apprendre aident beaucoup à l'intérêt. Ce n'est pas nécessairement et toujours un intérêt direct. Il peut n'être que médiat, c'est-à-dire suscité, non par l'objet lui-même mais par le lien intime de la chose en question avec plusieurs autres qui se trouvent en connexion avec elle.

La classe active est par elle-même intéressante. La joie de découvrir, de dire ou d'utiliser ce que l'on sait est un stimulant très grand. L'institutrice s'efforcera aussi de rendre son élocution aisée, vive et pénétrante. Jamais les étudiantes ne doivent sentir que la matière présentée sort d'un manuel et que l'institutrice ne fait que répéter ce qu'elle aurait appris quelques heures auparavant.

L'enseignement doit être concret car rien n'entre dans l'intelligence sans passer par les sens. Pour agir sur la nature il faut savoir obéir à ses lois. L'institutrice intéressera donc le plus de sens possibles; elle fera voir, toucher, donnera des explications, etc. Présentation de l'objet ou de son image, description vivante, comparaisons qui frappent l'imagination, tout cela concrétise l'enseignement. L'institutrice saura à l'occasion faire des applications au travail pratique de l'élève en illustrant ses leçons par de nombreux exemples vécus.

L'enseignement doit être rationnel pour être rationnel l'enseignement doit être clair, logique et convainquant; faire comprendre avant de faire apprendre, aller du connu à l'inconnu et du simple au complexe. Ce principe est très fréquemment violé . . . on dicte des définitions avant de les expliquer ou on emploie des mots nouveaux sans s'y arrêter, ce qui empêche l'étudiante de suivre la leçon. Attention au vocabulaire employé! . . . on oublie souvent que les élèves n'en sont pas au même point que nous. Par conséquent nous avons constamment à faire un travail d'adaptation, si j'ose dire, à l'ignorance de nos élèves, surtout pendant la période de probation, où elles n'ont que des aperçus très vagues de ce que nous leur disons. Nous devons dans une certaine mesure nous défier de la perfection que nous pourrions avoir acquise dans notre savoir. Il faut savoir beaucoup, il faut savoir bien, il faut pouvoir ensuite, quand on enseigne, *se mettre au niveau de celles auxquelles nous nous adressons,* tenant compte des différences individuelles.

Dans la leçon il faut aussi démêler *l'essentiel de l'accessoire,* insister sur ce qui est essentiel et le faire bien comprendre. "Peu, mais bien." Il ne s'agit pas de tout dire, de tout donner, mais de former un esprit qui pourra acquérir par lui-même, à partir de ce qu'il a appris, ce qui n'aura pas été enseigné parce que jugé secondaire.

L'enseignement doit favoriser la coordination des connaissances: L'homme ne se développe pas par ce qu'il absorbe mais par ce qu'il digère et s'assimile. Il faut aider et favoriser la nature, non la congestionner. Pour cela, éviter la précipitation, revenir souvent sur les connaissances acquises pour les fixer, les préciser et les contrôler. Toutes les choses étudiées peuvent paraître aux élèves autant de parties disparates qui se suivent sans se tenir dans un tout, si l'institutrice ne s'ingénie à favoriser la coordination des connaissances. Elle y parviendra en enchaînant bien les parties de la leçon, puis les différentes leçons et les différents cours entre eux.

Ces liens permettent de retenir mieux, favorisent la mémoire, l'effort de réflexion et de liasion entre les connaissances. Donc cette présentation logique, déductive comme on dit, favorise énormément l'acquisition et c'est quelque chose dont il faut se préoccuper en enseignant.

En résumé, pour enseigner il faut bien connaître son sujet, le posséder, le dominer, le dépasser, savoir plus que ce qu'on se propose d'enseigner. Il faut bien connaître par conséquent la matière à inculquer chez nos élèves. Il faut bien voir les buts que l'on veut atteindre. Il faut à l'intérieur de cette matière avoir fait soi-même très soigneusement un discernement entre ce qui est essentiel ou secondaire, connaître les passages difficiles, les moments où s'introduisent des aperçus nouveaux qui constituent comme un palier, bien diviser son sujet, le présenter d'une manière logique, régulière et bien enchaînée. Donc se tracer un plan net et viser à une présentation excellente de son sujet.

Au début poser le problème, annoncer le tout de ce que l'on va faire; ne pas commencer par une partie isolée, séparée des autres, parce que cela ne permet pas aux élèves de prendre une vue d'ensemble et de voir où on veut les conduire; par conséquent, poser un problème qui donne à réfléchir, qui soit reconnu par les élèves; cela déjà éveille leur attention, une certaine curiosité, un certain désir de savoir comment on va répondre à la question. Diviser le sujet en autant de parties ou de difficultés qu'il en comporte et aborder chacune de ces difficultés en faisant un tout de chacune d'elles, c'est-à-dire commencer par annoncer la nouvelle idée, le nouvel aspect du problème. Développer ensuite le paragraphe ou la partie en question comme un tout, montrant bien les preuves, les faits sur lesquels s'appuient ces preuves, et la conclusion de façon à ce qu'en arrivant à la fin de chaque partie on prenne le temps et je crois que c'est une précaution bien indispensable de dire . . . voilà ce que nous avons vu, voilà où nous en sommes. Et à la fin, lorsqu'on a parcouru des éléments qui forment un tout, il faut alors résolument rassembler tout ce qui a été dit jusque là, faire une revue des idées et conclure, c'est-à-dire amener les étudiantes à bien voir où on en est, ou ce qui est déjà acquis.

Cette marche peut être suivie aussi bien si on emploie l'induction et la déduction que l'analyse et la synthèse et aide à mettre en pratique les principes d'enseignement. Plus la tâche à accomplir est difficile, complexe et importante plus il est nécessaire de procéder avec méthode.

MÉTHODES D'ENSEIGNEMENT

En pédagogie on définit la méthode "l'ensemble des règles à suivre ou des moyens à prendre pour atteindre les fins de l'enseignement." On peut la comparer à un outil, à un instrument de travail. Un travailleur intelligent, compétent et habile, qu'il soit artiste, artisan ou ouvrier peut réaliser un chef-d'oeuvre même avec de mauvais outils. Au contraire un travailleur médiocre, même muni des meilleurs outils ne produira que des oeuvres médiocres. L'idéal serait donc de doter de bonnes institutrices d'une bonne méthode d'enseignement car on ne peut nier qu'un excellent ouvrier muni d'excellents outils produira plus rapidement et avec moins d'efforts un excellent ouvrage. "Tant vaut le maître, tant vaut la méthode."

Nous avons vu que d'après saint Thomas il ne peut y avoir que deux manières de causer la connaissance dans un autre. Ou bien l'institutrice expose la connaissance à l'étudiante qui la fait sienne par l'opération propre de son intelligence ou bien elle amène l'étudiante à découvrir elle-même la connaissance à acquérir. Dans le premier cas l'institutrice instruit vraiment l'étudiante, dans le second, elle la fait s'instruire. La première méthode s'appelle expositive, la seconde, inventive.

La méthode expositive est celle par laquelle l'institutrice expose, communique une connaissance à ses élèves. Elle doit posséder sa matière parfaitement pour que son exposé ne soit pas une simple lecture laborieuse d'un texte dont elle serait l'esclave, mais une leçon vivante, dégagée du texte. Elle doit se répéter souvent en variant ses expressions afin d'adapter son exposé à toutes ses élèves. La matière doit être présentée dans un ordre logique et l'institutrice doit couper son exposé par des questions de contrôle afin de s'assurer que toutes les élèves la suivent et la comprennent bien. C'est ce que l'on appelle l'enseignement magistral.

Avantages et inconvénients: Les avantages de cette méthode sont véritables et nombreux et consistent surtout en ce que l'on peut économiser beaucoup de temps et couvrir plus rapidement un programme. Bien employée, elle est pour l'élève une excellente leçon de logique où elle apprend à suivre une idée dans son complet développement, à condition toutefois que ce développement ne soit pas trop long. Mais cette méthode n'offre pas que des avantages, elle présente des inconvénients regrettables; le plus apparent est la passivité des étudiantes qui prennent l'habitude d'attendre qu'on leur dise quoi faire, de chercher des solutions toutes faites, des jugements tout faits, ce qui constitue un véritable danger pour toute étudiante mais particulièrement pour celle qui se prépare à être infirmière.

La méthode inventive: A l'opposé de la méthode expositive se trouve la méthode *inventive* dans laquelle l'institutrice fait trouver une connaissance par les élèves; on l'appelle encore *interrogative* parce que l'institutrice procède par questions, et *active* parce qu'elle favorise l'activité intellectuelle.

Avantages et difficultés: Cette méthode comporte de sérieux avantages surtout pour la formation de l'intelligence et elle est de nature à soutenir l'attention. Elle force constamment les élèves à observer une situation, un problème, un événement sur lequel elles doivent réfléchir, juger, raisonner; l'élève s'habitue à exprimer une pensée personnelle d'une manière personnelle; les connaissances se fixent davantage et se conservent mieux. Cette méthode est difficile d'emploi et demande plus de compétence et plus de travail de la part de l'institutrice; elle demande aussi beaucoup plus de temps.

L'institutrice habile saura utiliser ces deux méthodes à bon escient de façon à ce que les avantages de l'une supplée aux inconvénients de l'autre, tout en couvrant son programme dans le temps déterminé. Quelle que soit la méthode employée, elle doit être *active*. Il ne s'agit pas de faire tout découvrir à l'élève toute seule, ce serait du temps perdu, un procédé difficile et long. Mais on peut très bien préparer le travail pour les élèves, apporter des matériaux soigneusement choisis, disposés de manière à être accessibles; à partir de ces éléments on demande aux élèves de trouver elles-mêmes ce qu'on voulait leur apporter et qu'on veut leur faire découvrir en les aidant.

Autres méthodes: Ces deux méthodes, expositive et inventive, sont les plus fréquemment employées. La démonstration dans l'enseignement de l'art du nursing, le laboratoire dans l'enseignement des sciences viennent ensuite et seront discutées dans des articles subséquents. Les méthodes propres à l'enseignement du nursing, c'est-à-dire l'enseignement clinique, les discussions de groupe, les problèmes et projets, les études de malades, ont une valeur bien grande pour la préparation professionnelle de l'étudiante et feront aussi l'objet d'une étude spéciale.

Travaux personnels: Disons en terminant un mot des travaux personnels et des recherches qui rendent l'étude plus fructueuse. La nécessité de l'étude n'est pas à discuter. Il est besoin d'une certaine somme de connaissances avant de pouvoir agir; dans n'importe quel métier il faut compter sur des connaissances sûres, c'est un minimum d'honnêteté. Les étudiantes doivent comprendre qu'il y a une tâche qui parait rébarbative d'abord mais qui est absolument nécessaire: garder les connaissances qu'on leur fait acquérir. On critique souvent la mémoire pour mettre en valeur le raisonnement . . . les deux sont nécessaires. Nous ne nous promenons pas dans la vie avec une bibliothèque nous permettant de consulter à chaque moment un ouvrage spécialisé ou un dictionnaire. Nous devons obtenir des étudiantes qu'elles s'appliquent à rechercher les rapprochements, à établir des tableaux, à comprendre le pourquoi des choses, à pénétrer d'intelligence les connaissances qui seront d'autant mieux retenues qu'elles seront davantage comprises. Il faut leur apprendre à décomposer les difficultés, à découvrir l'ordre, à dominer les ensembles.

Pour y arriver l'enseignement doit être une véritable leçon de logique où l'institutrice fait largement usage des procédés généraux d'induction et de déduction, d'analyse et de synthèse. Bien employés, ces procédés forcent l'esprit de l'étudiante à travailler en même temps que celui de l'institutrice . . . alors on peut dire qu'il y a un véritable enseignement . . . car on n'enseigne réellement que si quelqu'un a appris quelque chose.

Nécessité des connaissances théoriques: Nous préparons des infirmières professionnelles . . . le nursing est un art et une science. Pour éclairer son action, ses gestes, l'infirmière a besoin de connaissances qui expliquent cette action. Toute action qui n'est pas animée par une pensée est insuffisante ou médiocre. Si nous voulons que l'infirmière réagisse intelligemment et non comme un mécanisme habilement monté, nous devons par des méthodes d'enseignement appropriées et bien employées l'amener à fournir l'effort personnel indispensable.

Que dire de cette méthode qui consiste à dicter des leçons aux élèves, heure après heure, jour après jour! L'élève étudie cela par coeur et le "remet" mot à mot au jour de l'examen. Comme l'écrivait un malin, il semble que les connaissances passent du cahier du professeur à celui de l'élève sans passer par le cerveau ni de l'un ni de l'autre. Le moins que l'on puisse dire c'est qu'elle prépare des automates, personnes sans initiative, toutes désemparées devant une situation nouvelle. Dans le soin des malades il n'y a pas de situations stéréotypées, mais des problèmes particuliers à résoudre pour chaque malade. L'étudiante doit être formée à *résoudre des problèmes* d'après des principes bien connus et compris, et cela s'apprend par *l'exercice*. Quelle que soit donc la méthode employée, toujours elle doit viser à ce but principal: "former une personne qui sache utiliser intelligemment en pratique, des notions théoriques bien assimilées."

CONCLUSION

Il ne suffit pas d'être infirmière pour être une bonne institutrice, bien que ce soit indispensable, mais il faut avoir une préparation pédagogique dans les principes et les méthodes d'enseignement en plus des connaissances étendues dans la matière à enseigner. Le baccalauréat ès-sciences en éducation de l'infirmière ou tout au moins un certificat en enseignement sont indispensables si l'on veut réellement "faire de l'enseignement."

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Mumps - in Utero

D. SHOULDICE *and* S. MINTY

Editor's Note: The nursing staff at the General Hospital, Sarnia, Ont., has had an exceedingly interesting series of learning experiences this past winter. We are very pleased that we will have the opportunity to present more of these nursing clinics in the months to come.

ETIOLOGY

MUMPS IS A CONTAGIOUS disease due to a filtrable virus which causes an acute inflammation of the salivary glands, usually the parotids (not so in this case). Transmission is through the saliva. It is most contagious at the onset. Children between 5 and 15 years of age are particularly susceptible.

COURSE AND SYMPTOMS

1. Usually appears after an incubation period of 18 days (8-30 days the extreme limits).
2. Starts with fever, malaise, chills. A day or two later painful swelling of one or more of the salivary glands appears, the parotid being most frequently involved.
3. Swelling increases for four days; sometimes additional involvement may be delayed as long as six weeks.
4. Skin over swollen glands is seldom red. The skin was red in this case with the submaxillary involved.
5. Mild cases last four to seven days; severe cases, two to three weeks.
6. Serious complications often develop — none noted in this case to date.

MUMPS VACCINE

Vaccine has been on the market for two or three years. It is prepared by Lederle and Sharpe & Dohme. It is administered in two doses — 1 cc. is the adult dose — with an interval of one to four weeks between doses. The vaccine is contra-indicated in anyone allergic to eggs. The expiration date is 18 months.

CASE HISTORY

Mrs. Smith, a gravida ii, was admitted to hospital January 26, 1955, at 2:00 a.m. with lower abdominal pain and vaginal bleeding. An x-ray examination showed a twin pregnancy, with both babies in a breech position. She was six weeks from term, one fetal heart was faint and irregular. From the above history a diagnosis of premature separation of the placenta was made. Due to the presence of vaginal bleeding, irregularity of the fetal heart, plus the fact the cervix was closed, a Caesarean section was performed.

Twin female premature infants were delivered at 11:47 a.m. on January 26. They both cried spontaneously and loudly at birth. They were a good color and appeared to be normal. They were subsequently admitted to the premature nursery and placed in separate incubators with continuous oxygen. Baby "A" weighed 4 pounds, 3½ ounces; Baby "B" weighed 3 pounds, 9¾ ounces. Silver nitrate 1% was instilled in the eyes as a preventive measure.

Both infants appeared to be in satisfactory condition the following morning, and the oxygen was discontinued. Routine premature care was followed — incubator, limitation of handling, feed-

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Mrs. Minty is obstetrical supervisor at Sarnia General Hospital where Miss Shouldice is on the staff.

ing the infants q.2.h. They progressed satisfactorily until the early morning of February 3 when they were seven days old. Baby "B" was noticed to have swelling under the right side of her jaw. In approximately four hours, both jaws had become swollen and hard with the area reddened. The baby seemed to have some difficulty in swallowing her feeding. She was placed in an observation nursery and isolation technique employed. She was seen at once by a pediatrician, and a provisional diagnosis of mumps was made. The submaxillary glands only were effected. As a matter of precaution, Baby "A" was also placed in the observation nursery. To overcome her difficulty in swallowing, Baby "B" was fed by gavage. The medical officer of health saw the baby, and confirmed the diagnosis.

The case was unusual, inasmuch as mumps is practically unknown in a child under the age of two, let alone a newborn and premature infant. Apparently, the infant's mother had been in contact with mumps about the middle of December. She was given two doses of mumps vaccine in the hope of preventing development of the disease. The last dose was given December 23, 1954. She was violently ill one day during the first week of January, but there was no swelling of the neck. Mrs. Smith denied having had mumps, but the pediatrician felt she must have had a subclinical case, probably minimized by the dose of mumps vaccine.

Treatment varied only with the prematurity. Baby "B" was fed by gavage for seven days, then by Brecht feeder, and finally by bottle. Both of the infants had a bout of diarrhea which was treated by protein milk formula and interstitials. This may have retarded their progress somewhat. They are now on Olac formula — a fat-free formula used in prematurity.

A blood transfusion was found necessary for each infant when the hemoglobin level dropped to 41%. They are now on Fer-in-sol, 3 cc. t.i.d. to help maintain a satisfactory hemoglobin level. They also get a vitamin preparation daily. On March 2, Baby "A" weighed 5 pounds, ¼ ounce; Baby "B" weighed 4 pounds, 4¾ ounces.

Baby "A" will probably come out of incubator very shortly and be discharged. An interesting feature is that Baby "A" did not develop the mumps. This may be explained by the fact that these are not identical twins (two separate placentae). One infant apparently gained immunity, whereas the second did not and developed the symptoms. The prognosis is good.

SUMMARY

Mumps *in utero* is rare — but it does happen! Mumps vaccine does not seem to be totally effective for the fetus. One big question remains unanswered. Will Baby "B" ever get mumps?

THE NEW CHAPEL

(Continued from page 447)

purchased in England following the coronation of Queen Elizabeth II.

The furniture is all in matching limed oak including chairs with kneelers and book racks, baptismal font, minister's chair and lectern. A panelled convex screen with indirect lighting frames the back of the small platform. In the centre of the screen is a beautiful stained glass window depicting "The Good Shepherd." It is a masterpiece of color and detail.

The beautiful altar, designed to conform to the lines of the screen, stands beneath the window. It bears a carved crest of the Victoria Hospital graduation pin. The millionth copy of the Gideon Bible, bound in gold, has its place on the altar.

Our funds were sufficient to purchase a two-manual electric organ. This also is finished in limed oak.

Following the dedication service, the Alumnae Association entertained at a reception at the Gartshore Nurses' Residence. Many out-of-town graduates were present and had a happy time reminiscing. The evening was indeed a wonderful event climaxing months of planning.

The Chapel today is very much a part of our hospital. It is open at all times. Visitors and patients alike are finding comfort and solace within its walls.

E. MARJORIE NATTRESS

NURSING SERVICE

The Promotion of Safety

The Role of the Public Health Nurse

DOROTHY J. GUILD

EVERY DAY, injuries are occurring in the home, the community and in industry. What factors lead to these accidents? Can they be prevented?

Accidents don't "just happen." It has been estimated that 90 per cent of all accidents are preventable. What is the role of the public health nurse in their prevention? The visiting nurse in the community, the school nurse and the occupational health nurse are all well situated to work constructively with the problem of preventing accidents. Consciously or unconsciously, the public health nurse, in her routine work, is already doing much in educating people to a safe way of living.

The extreme value of human relations is recognized in every safety program. The importance of the nurse in this phase of the program cannot be overestimated as she has contact with every member of the family — the mother and children in the home, the children in the school, and the breadwinner in industry. Everything the well-trained public health nurse is doing to help people understand themselves and their children, not only their physical development but their intellectual and emotional limitations and development, is a contribution to accident prevention.

If a nurse has a background of facts and knowledge she can incorporate safety education as automatically as she does other phases of public health. By safety measures and education, we hope to "immunize" against accidents. Therefore, accident prevention might be considered to be part of our immunization program.

The highest accident rate is found in preschool age group — a period during which children spend most of their time in the home environment, supposedly under care and supervision. Accident prevention teaching can be made a natural part of advice to parents during child guidance and development discussion with mothers at home or in the clinics. The nurse must realize how much help parents need in order to know their children's physical and mental limitations. New parents often think of their child as a miniature adult and *don't* realize how physically immature he is. They simply aren't aware of their child's inability to react quickly enough to avoid injury. It is also difficult for a parent to remember that the child lacks maturity of judgment which only comes through years of experience. Once parents have this understanding they will be more apt to maintain a continued watchfulness over their children.

Safety immunization must fit the needs of the individual child and his environment. The nurse going into the home can anticipate the particular needs. At the same time as we strive to increase parents' knowledge, understanding and confidence in child management and care we must be careful not to produce attitudes of anxiety, fear and overprotection. To guard against this pitfall we should time our education of parents to help them to anticipate risks for which reasonable precautions can be taken at various stages of development. We must, therefore, know typical behavior

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Miss Guild is with the Calgary Refinery Health Centre of the Imperial Oil Ltd.

for the various age groups:

Warning mother against baby rolling off things when he can wriggle;

the child's susceptibility to falls when learning to walk;

warn about poisoning when child is at the exploring age.

The nurse can impress on the family proper techniques which may avoid accidents. She is also in a position to know individual home conditions and to point out action to be taken in regard to the hazardous situations.

Another aspect of importance to safety is the question of discipline and its relationship to emotional security. It has been shown that often an overly strict upbringing results in resentment of authority. This resentment is frequently a characteristic of "accident prone" individuals. On the other hand it is believed that mild, consistent and logical discipline is necessary for physical and emotional security.

This basic, primitive need for protection is carried throughout life. The nurse must show parents how discipline can be used to help meet this need. Discipline must not, however, interfere with development. A child should be encouraged to make his own decisions, whenever it is possible for him to do so without causing harm to himself or others. It is best to lay down certain safety rules for a child so that he accepts them unquestioningly, e.g., we do not touch matches.

This theme should be carried on throughout the child's schooling. There should be discipline with regard to certain necessary safety regulations and the child should be taught to develop a sense of responsibility for his own safety and that of others. Safety education must be an integral part of the all-round education. If this is done the child will be less likely to become accident prone with less revolt against safety regulations. Actually, he will derive a sense of security from them.

The mental hygiene aspect of child safety has many facets. A child should be allowed a satisfying amount of freedom to express himself in a loving and understanding environment. His emotional, physical and intellectual growth should be understood by his parents and his teachers. With time and patience he should be taught to live safely with the potentially dangerous forces of our everyday life.

We have seen some of the contributions the public health nurse can make towards child safety. What can be done after the child leaves his home and school and enters the industrial field? This is where the occupational health nurse comes into the picture.

Many factors enter into every accident and if a nurse is inclined to chalk up injuries to "carelessness" let her consider the stuff of which carelessness is made. It is not due to lack of willingness to be careful, for no one wants to be hurt. It may be due rather to an *inability to be careful* because of accumulated strain resulting from the particular set of circumstances that surround the individual in his environment. These circumstances could include conditions in the working environment (plant), conditions in the living environment (home and community) or personal conditions (physical and mental health status). The occupational health nurse, because of her relationship to all personnel, is in a strategic position to evaluate any circumstance which may affect any individual employee. Remember — personal hazards, plus environmental hazards, equal accidents.

The nurse is the person who takes the first history of an injury; she is in a position to ascertain the cause and she also hears many complaints about safety conditions or practices. She must therefore cooperate fully with the safety department supervisor by discussing her findings and observations.

Many accidents occur because workers may be doing jobs for which they are not suited — they are possibly square pegs in round holes. Here the value of the preplacement medical examination should be stressed. The purpose of this examination is not to eliminate prospective employees but rather to enable the medical department to recommend to management the type of position for which the employee seems best suited physically. The doctor informs the employing department only whether the applicant can work without danger to himself or others, and the nature of any limitations which should be in effect so that he may work safely. The nurse, in taking the prospective employee's history, can help discover whether or not there is anything in his personality or environment that would make him unhappy in one job and happy in another. An employee who is assigned to a job in keeping with his abilities — physical and mental — is a happy employee and more apt to do his job without harming himself or others. A happy, healthy worker is a safe worker.

A word should be said here about handicapped workers. Many of these individuals are now being suitably placed in industry. In their placement we must avoid the danger of being overly careful of limiting the worker's opportunities unduly. Care should be taken not to force an issue against a worker's choice unless the risk is too great. The worker's greatest need is to show what he can do. Blundering attempts to save him physically may inflict emotional injury far more serious than the physical handicaps.

Once a worker is employed by a company, it is the job of the nurse to help him to stay well. The health department must try to anticipate and prevent disease — we must detect potential illnesses and troubles at a time when something can be done about them, and at a cost which the employee can afford. The periodic examination is the foundation of this program. Frequent short calls by employees at the medical or health centres, for minor complaints, supplement the annual visit.

At the time of the examination, special emphasis should be directed towards recognition of symptoms peculiar to specific hazards in the industry concerned. It is possible to detect any ill effects there may be from exposure to fumes, noise, heat, dust, etc. Workers employed as drivers and in other jobs requiring good eyesight, hearing and coordination are checked for defects in these faculties. In this way the safety program is promoted.

Failure to recognize the importance of fatigue in the worker's efficiency proves costly in terms of employee dissatisfaction, increased absences, labor turnover, curtailed output and accidents. Contributing factors are: home and working environment, mental and physical health, and attitude towards the place of employment. Noise, confusion, poor lighting and poor supervision also contribute to fatigue.

Every preplacement and periodic health examination should be accompanied by careful interpretation of the findings to the worker. If an employee's visits to the health service with minor complaints seem too frequent to the nurse, she should refer him to the doctor for more comprehensive investigation. She must have the ability to recognize the basic needs of the employee in order to insure the success of the health and safety program. Her discernment in this matter is of utmost importance to the individual and the company.

The nurse should interview all employees leaving work because of sickness and all employees returning to work after absence due to illness. Some lose more time than necessary because, unless urged to do so, they do not have medical care early enough. Others return to work before they are fit to be on the job and either develop complications with added lost time or have accidents because they are not alert.

Nearly every visit to the nurse provides an opportunity for health teaching in one field or another. We must learn to grasp these opportunities every time they appear as we can't take an employee's time away from his job to just sit down and talk at length on any subject. There are abundant opportunities for health teaching in safety outside the plant as well as in.

The benefits of an efficient industrial health program are not restricted to the plant. The employee who is accustomed to good health care in the plant will be more apt to encourage his family to seek early medical care to ensure good health. This will contribute to the community health program.

Accident records show that a relatively small number of persons have the majority of accidents within a particular working group. In fact one study showed that 100 per cent of the injuries were incurred by 35 per cent of the workers and almost half of these were distributed among a 7 per cent group. (Study at du Pont plants)

It has also been found that the same individuals who repeatedly injure themselves, seem to have many other kinds of difficulties. They have more minor sickness absenteeism; they report to the health department with minor complaints more than the average and they have more trouble getting along with their bosses and fellow employees. On top of this they seem to have more problems than average in their personal lives. In fact, a poor accident record seems to be only one manifestation of an inadequate method of living. An unhappy home situation can cause an emotional crisis in the life of the worker, making him ill and gradually reducing his efficiency. Here we should mention that often the breadwinner of the family is not accorded his rightful place of importance in the family picture. If he is respected and appreciated at home he will be a better worker.

The nurse acts as a sounding board for both management and employees. Her listening ear and sympathetic understanding relieve mental stress among workers by allowing them to get off their minds things that need saying. It is more constructive to help an employee reach his own decision than to offer him a ready-made solution, but sharing his problems may give him relief and fresh impetus.

Thus we see that employee problems are often due to personality difficulties and are often basically emotional. Emotional attitudes are as important to efficiency as physical strength, so the nurse must learn to concern herself with the "whole personality" of the individual. She must learn to recognize and accept each worker as an individual and accord to him his right to respect and consideration. If she is able to do this, her opportunities for constructive building of mental health are great indeed. The ability of the occupational health nurse to recognize the victims of personality difficulties and to tactfully lead them to an understanding of the underlying causes of their difficulties, or to refer them to the proper agencies for help, cannot be over-emphasized in a health and safety program.

We must take every possible opportunity to teach safety, beginning in earliest childhood and carrying on the instruction to all age groups. We must help families, communities and industries to eliminate physical factors of the environment which are involved in accidents. We must do all in our power to promote better health for each individual and, through a constructive mental hygiene program, help parents towards a greater understanding of themselves and their children. A successful program with this approach should result in a reduction, first of all, in the number of childhood accidents and eventually in the number of adult accidents, at home and in industry.

Lucky Number Seven

At their annual meeting in Toronto on April 30, 1955, the voting members of the Registered Nurses' Association of Ontario approved, by an overwhelming majority, the inclusion of the subscription to *The Canadian Nurse* in the membership fees of both the active and associate members. Ontario thus becomes the seventh province to demonstrate, in practical fashion, their wholehearted endorsation and support of our national nursing *Journal*. They spelled out in no uncertain terms the 15-letters word "professionalism."

Thank you, nurses of Ontario. This new development will mean great things for *The Canadian Nurse* in the months and years to come.

Nursing Sisters' Association

The Montreal Unit of the Nursing Sisters' Association held a successful whist drive in the nurses' residence of Queen Mary Veterans' Hospital in April. Door prizes and refreshments were supplied by the members. J. Chisholm was whist master while H. McQueen was convener. A sale of home cooking was an added feature.

A Day with the Local Department of Health

Lillian Lowry

INTERESTED IN PUBLIC HEALTH nursing? No? Then you haven't spent a day with this Department. I have, and had a very interesting, educational and enlightening day.

Enlightening? I hadn't previously realized the extent of the work undertaken and accomplished by the public health nurses in our city. There are four nurses employed at present; more are required.

Educational? Practical experience is the best teacher. You see immunization being carried out. You see a prenatal care program in operation. There is a little well baby centre, where future citizens are given a good start toward a long healthy life. Interesting? Very!

To start the day, I was assigned to observe with the public health nurse at one of the city schools. Tuesday and Thursday mornings she reserves for the examination of pupils. We saw about 20 from Grade 4 that morning.

Complete records are kept of each child, which include preschool immunization and dates, booster doses and dates, any communicable diseases suffered and age at time of illness, previous examinations, and suspected defects. These defects, such as enlarged tonsils, poor vision or hearing, dental caries, etc., are frequently checked, and recorded as special examinations. If still defective (first examination may cause nervousness, and produce false symptoms), a note is sent to the parents suggesting the child be examined by the family physician, oculist or dentist. The tearchers cooperate with the public health nurse, and children with visual or auditory defects are seated accordingly. The teachers also report any suspicious symptoms in any pupil, such as rashes, frequent colds, absenteeism, pallor or apparent lethargy, poor posture, etc.

Occasionally the public health nurse must go to the home of obviously underprivileged children, to investigate existing conditions. Attempts are made through the various societies to give assistance where possible. Recently, one family of motherless children was supplied with clothing.

Going into homes such as these requires insight, understanding, sympathy, and above all, tact. Having observed one public health nurse at work, I found that she possessed these and many other necessary qualifications.

Before leaving the school, I was delighted to peek in on the kindergarten class. The pupils all were wearing house slippers. Each youngster had his or her own blanket, and all were lying on the floor for their rest period. An action song preceded the rest period and the cooperation displayed was indeed a credit to the teacher.

During the afternoon, I went to the public health office. Babies and young children are brought here to be immunized. Records are kept of each child. Weights are checked. Expectant mothers are interviewed and advised. Fathers, too, are offered a word of explanation. One father was asked to dress his crying offspring. Well — I did smile!

Informative literature on pre- and post-natal care, care of infants, preschool and school age children, communicable diseases, (including T.B. and venereal diseases) is available, free of charge, at the public health office. Posters stressing immunization methods, number of injections, reactions, etc., are displayed where parents may read them, or make enquiries as to what their children are receiving, and why.

The public health office is also a

Mrs. Lowry graduated last year from St. Joseph's General Hospital, Port Arthur, Ont.

"clearing" depot for children who have been absent from school with a communicable disease. Here, when they have recovered and are no longer infectious, they receive a certificate signed by the medical officer, permitting them to return to school.

Interesting? The day was over all too soon, and very reluctant goodnights were exchanged.

Tetanus

JOAN CLEGHORN

A 13-YEAR-OLD BOY fell in a field and cut his left forearm in two places. When his wounds were cleansed, ten stitches were required before John went back to school. The stitches were removed on the seventh day, after which he complained of pain in his left shoulder and up into his neck. The morning of the ninth day found him struggling and screaming in his bed — "I can't move — I can't open my mouth!"

Every five to twenty minutes John went into a spasm. The spasms were dreadful — so severe that none of us will ever forget the opisthotonic positions he assumed. He would give a cry, then with a horrible grimace, teeth clenched, jaw tightly closed, his head and lower limbs would bend backward and his trunk arch forward as the spasm seized the muscles of his back. He was admitted to the Montreal Neurological Institute where a diagnosis of tetanus was made.

It is difficult to administer the required nursing care to a tetanus patient. Light, sound and touch put him into spasm, and each spasm lessened his chances of recovery. The mouth care, positioning and suctioning had to be given in the most gentle manner.

The culture revealed Clostridium *histolyticum,* Cl. *welchii,* and Cl. *tetani.* The guinea pig injected with the organisms died in 16 hours.

On admission, John's wounds were dressed with 10% $MgSO_4$ solution. One hundred thousand units of tetanus antitoxin were given immediately intravenously, and he was started on penicillin and streptomycin. An effort was made to control the spasms by adding Tolserol gm. 1 to each bottle of 500 cc. of glucose and water by day, and Sodium Amytal gr. 7½ by night. By 11:00 p.m. the patient was becoming progressively weaker. An airway was inserted and John was placed in a semi-prone position. The following day his condition was worse, his back becoming more arched, with dyspnea and cyanosis. An intubation was performed and curare, one to six mgm. in conjunction with paraldehyde four to six cc., was given intravenously according to the number and severity of the spasms. Oxygen was connected at the point of intubation with the flow regulated according to his difficulty in breathing. By the following day, spasms were practically continuous, obstructive breathing set in, and John became cold and blue.

A tracheotomy was performed which marked the turning point for the better. Breathing and color improved, spasms became less. Intramuscular curare in oil was started given in doses of 18 mgm. over a period of 24 hours. By the thirteenth day, there were voluntary movements of his arms and legs. Progress continued. On the twentieth day he was writing notes and enjoying visitors.

It was a great joy to see John on the afternoon of his twenty-first day with his jaws unlocked and his tongue inside his mouth! When a nasal feeding was suggested, John pleaded to be allowed to take it by mouth. There was still an occasional spasm limited to stiffening of the hands and risus sardonicus even up to the thirtieth day. This did not impede his progress. With his intake of food gradually increasing and his tracheotomy gradually decreasing in size, he began to talk like a normal child.

Mrs. Cleghorn, a 1950 graduate of Royal Victoria Hospital, Montreal, was engaged in private nursing when she prepared this paper.

Nursing Profiles

Jean Elizabeth MacGregor will join the staff of *The Canadian Nurse* as assistant editor on July 1, 1955.

Born in Ontario of Scottish Canadian parentage, Miss MacGregor is a graduate of Royal Victoria Hospital, Montreal, and holds her Bachelor of Nursing degree, majoring in teaching and supervision, from McGill University. Following her basic training, Miss MacGregor took post-graduate work in neurological and neurosurgical nursing at the Montreal Neurological Institute then spent a year on the staff of Sunnybrook (D.V.A.) Hospital in Toronto. She was on the teaching staff of Royal Jubilee Hospital, Victoria, before returning to her own school as nursing arts instructor.

Miss MacGregor has taken a very interested part in many association activities. She was recording secretary of Victoria Chapter, R.N.A.B.C., during her sojourn in British Columbia. Since returning to Quebec she has been a member of the Student Recruitment Committee, the Junior Board of Examiners, the Instructors' Group of the Curriculum Committee and of *The Canadian Nurse* Committee.

Esther Jane Robertson has been appointed nursing consultant in the Child and Maternal Health Division of the Department of National Health and Welfare. Born in Alberta, Miss Robertson entered the Royal Victoria Hospital, Montreal, following graduation from Westmount High School. She holds a certificate in pediatric nursing, a diploma in public health nursing received from the McGill School for Graduate Nurses, and her B.S. degree in supervision and administration in public health nursing from Teachers College, Columbia University.

Miss Robertson brings to her new position a breadth of experience gained through her long service with the Victorian Order of Nurses for Canada. She joined the Montreal Branch as a staff nurse in 1937 moving on to be supervisor of the North District of that Branch for four years before transferring to their National Office staff. She spent five years as regional supervisor for Western Canada, covering the branches from Winnipeg to Victoria. Since 1950 she has been educational director of the Order.

JEAN E. MACGREGOR

ESTHER J. ROBERTSON

Eileen N. Cryderman is director of the Division of Public Health Nursing of the Toronto Department of Health. Born in Ontario, of United Empire Loyalist descent, Miss Cryderman graduated from Toronto General Hospital. Brief experience as assistant head nurse, in private nursing, and on the staff of the Red Cross Hospital at Kirkland Lake preceded her enrolment in the University of Toronto School of Nursing where she secured her certificate in public health nursing. Miss Cryderman also has her B.S. degree from Teachers

College, Columbia University, majoring in administration and supervision.

The work of the Division, of which she is now director, is very familiar to Miss Cryderman at every level. From staff nurse to supervisor to assistant director, she knows all of the problems and satisfactions of this vital community work. For a period of four years, also, she served as director of nursing service in neighboring East York-Leaside Health Unit.

A past president of the University of Toronto School of Nursing Alumnae Association, Miss Cryderman has the distinction of being the first alumnae representative to become a member of the Senate of the University. She has also served on many committees of the R.N.A.O.

EILEEN N. CRYDERMAN

Lois E. Kremer is doing an excellent job as nurse coordinator for civil defence of the Western Region No. 7 which includes areas in Canada, United States and such far-flung territories as Alaska, Guam, Hawaii and Samoa. Her appointment was made in an effort to create a closer liaison between the nurses in charge of civil defence throughout the area and to establish a channel of communication between the Medical Section and the Nursing Service.

Gold medalist when she graduated from Holy Cross Hospital, Calgary, Miss Kremer served for a time on the staff of Col. Belcher Military Hospital, Calgary, before joining the staff of her own school of nursing as an instructor. In 1948 she became matron superintendent of the Municipal Hospital, Hanna, Alta. She has served as chairman of the Matrons' Organization of the A.A.R.N. since its inception. Miss Kremer's activity in civil defence work began in 1952 when she was appointed nurse consultant for the Alberta Civil Defence Health Services.

LOIS E. KREMER

Something a little different in success stories has been achieved by **Françoise Baril** who graduates this month from St. Joseph's School of Nursing, Hotel Dieu Hospital, Cornwall, Ont. In a recent musical

FRANÇOISE BARIL

festival competition Miss Baril scored first place in two mezzo-soprano classes in which she competed and was awarded a scholarship for receiving the highest marks among the women soloists. Miss Baril plans to go to New York next autumn to continue her vocal studies.

Elizabeth Ann Russell has retired from her post as director of public health nursing services with the Department of Health and Public Welfare in Manitoba after 37 years of devoted service. Born in England of Irish parents, Miss Russell graduated from the Winnipeg General Hospital in 1916. She held staff positions at King George Municipal Hospital in Winnipeg before starting on her career with the health department.

Miss Russell has always given active leadership in nursing association affairs. She served a term as president of the Manitoba Association of Registered Nurses and for many years was chairman of the Examining Committee for Nurse Registration. Her great interest in public health nursing service was reflected in her activities in the Canadian Public Health Association. In 1948 she was elected a vice-chairman of that organization. Nor was it all work and no play with Miss Russell. Books and pictures have always been a joy to her, as has the collection of pieces of antique and hand wrought silver.

Pansy Eva Roberts is enjoying well earned leisure after a very active professional life dating back to her graduation from the Nicholls Hospital, Peterborough, Ont., in 1911. Following graduation, Miss Roberts served for two years as night supervisor at her own hospital then went as resident nurse to the School for the Deaf in Belleville, Ont. In 1915 she enlisted in the Canadian Army Medical Corps and served overseas in France, Egypt and Belgium. After receiving her discharge, Miss Roberts enrolled for the course in public health nursing at the University of Toronto then joined the staff of the Toronto Department of Health. In 1937 she became a district supervisor. Four years later she was loaned to the city of Winnipeg to organize a division of public health nursing in their health department. She became educational supervisor in the Toronto division when she returned there in 1943, was appointed assistant director in 1948 and, for two years prior to retirement, was director of the public health nursing service. Now she has time for her rose garden, that is her joy! Miss Roberts has always loved antiques, particularly old copper and silver. She would love to have an antique shop but has decided "one cannot exist in a constant state of bankruptcy and I couldn't bear to sell one of the treasures!"

MARY LABINE

After 20 years of outstanding service as obstetrical supervisor at St. Mary's Hospital, Timmins, Ont., **Mary Ellen Labine** has retired. A graduate in 1917 from the Sisters of Providence Hospital, Haileybury, Ont., she engaged in private and staff nursing there until she accepted her post in Timmins. Miss Labine estimates that she has assisted in bringing some 20,000 babies into the world. She has returned to Haileybury to live. There she enjoys her books and music and particularly, her golf.

Enthusiasm is the thing that makes the world go round. Without its driving power nothing worth doing has ever been done. It alleviates the pains of poverty and the boredom of riches. Apart from it joy cannot live. Therefore, it should be husbanded with zeal and spent with wisdom. To waste it is folly; to misuse it, disaster.

—ROBERT HAVEN SHAUFFLER

* * *

Tact: letting people know what you mean without saying it.

Nursing across the nation

prepared by your national office Canadian Nurses' Association, Ottawa

Keeping Up To Date

THE fast changing world of fashions has confounded even the smartest of women in recent years. Keeping up to date with Mr. Dior's A-line, Italian coiffures and other feminine frou-frou is no easy task. But fashion is simplicity itself when compared with the rapidly developing field of nursing. Yet for the alert nurse, it is vitally important to keep up to date with the many new international, national, provincial and local developments.

The nursing profession is continually changing, altering, developing and progressing along new lines as we learn the art of applying new methods of approach to problem-solving. Institutes, workshops, and the like, are being held in various parts of the country. We can only report on those that have been attended by members of your National Office staff. You, on the other hand, representatives of our 38,576 nurses across Canada, have valuable information at your finger tips which you can share with other nurses. How about sending some of it our way? We will gladly pass it on by using your information in this column. Thus you can assist in keeping your fellow nurses "up-to-date."

Breaking Traditional Pattern Aim of Ontario Institute

In 1953, the Registered Nurses' Association of Ontario published in booklet form its "Curriculum and Information for Schools of Nursing in Ontario." For nurses accustomed to working and thinking in the traditional pattern, the booklet gave rise to many questions. No outlines of content were given. Instead, it stated:

> The content of courses can best be developed cooperatively by staff members, interested lay groups, community organizations, professional leaders, specialists and students.

Further, it suggested that each course might consist of units of instruction selected from "contemporary nursing problems."

This new approach to curriculum seemed to create a contemporary nursing problem of its own. So, using the methods suggested in its booklet, the R.N.A.O. in March gathered together those people responsible for implementing the curriculum — directors of nursing, educational directors, and instructors — and attempted to demonstrate its use by cooperative action.

During the week of the Institute, participants were given an opportunity to work together on the preparation of teaching units around nursing problems. The program offered presentations of various means by which the student can be encouraged to centre her nursing on individual patients rather than on their diseases. Dr. Allan Klein, associate professor, School of Social Work, University of Toronto, assisted in planning for the group activities and gave a stimulating introduction to group work. Miss Carol Adams, newly appointed educational secretary of the R.N.A.O., acted as coordinator, interpreting and integrating the presentations and discussions.

The group's reaction to the week's work was most interesting. Taking stock on the last afternoon, they were able to see how much can be learned by pooling the resources of a number of persons. Those who had come ready to be "told how" went away with the satisfaction of realizing that they themselves had contributed to the implementation of the new curriculum pattern.

U.S. Hospital Group Discusses Nursing Service Administration

Improved patient care through improved administrative practices was the keynote of the American Hospital Association's Institute on Nursing Service Administration held in Buffalo, March, 1955. Some important factors to be considered in good administrative practice were stated as:

Unity of Command — only one person to whom the worker reports.

Span of Control — too few subordinates results in over-supervision, while too many means under-supervision.

Similarity of Assignment — the work should be clear cut and should consist of related tasks.

Delegation of Authority — authority commensurate with responsibility must be delegated.

An outline was given of how people who are experienced in personnel work can assist nursing service in achieving the goal of greater efficiency. Some of the functions in which personnel services could assist, when effectively used, were given as:

Recruitment, screening interviews, orientation and on-the-job training programs, establishing personnel policies, centralized records, counselling, and the development of research projects.

The philosophy behind work simplification applied to nursing procedures was stated as "Common sense systematically applied." Two basic assumptions were made:

That there is a better way to do it.

That the scientific approach to a problem is better than intuition and guesswork.

These were only a few of the interesting subjects discussed at a very busy, enthusiastic and helpful institute. Present were a number of Canadian representatives from Halifax, Montreal, Ottawa, Hamilton, Niagara Falls, Windsor, Sarnia and Saskatoon.

Wide Variety of Teaching Aids Available to Nursing Educators

Records — Did you know that records of the series "Ways of Mankind," twice broadcast over the CBC, are available to schools of nursing? The Canadian Association for Adult Education, 143 Bloor Street West, Toronto, has a limited number of albums available to loan to schools that would like to use them experimentally in conjunction with appropriate courses. Besides being excellent material for group discussion in teaching sociology, they represent outstanding achievement in Canadian dramatic production. Based on various sociological situations in both primitive and advanced cultures, the series illustrate man's varying reactions to life, emphasizing the influence of the particular culture of which he is a part.

Filmstrips — Three filmstrips on the nursing profession in which all nurses will be interested are:

"Florence Nightingale and the Founding of Professional Nursing," produced by the Metropolitan Life Insurance Company, is a 35 mm. filmstrip, in color, with sound on record. A film script is also provided. This filmstrip is a supplementary aid for teachers to use in helping students to understand, appreciate and practice healthful living. It is available on loan without charge from the Metropolitan Life Insurance Company, Canadian Head Office, Ottawa 4, Canada.

"The Story of the Victorian Order" — a colored filmstrip produced by the National Film Board of Canada for the Department of National Health & Welfare and the Victorian Order of Nurses for Canada in 1954. The strip explains how the VON serves the health of Canadians from coast to coast and is told through scenes of daily service. The filmstrip can be used for meetings, conferences, discussion groups, lectures for citizen groups and for professional groups such as university and hospital schools of nursing, Registered Nurses' Associations and alumnae groups.

"Nursing as a Career" was produced by the National Film Board of Canada in 1952. It is a black and white filmstrip which to date has had only limited distribution. It reviews the opportunities for young women in the nursing profession, dealing with personal qualifications, training and courses of study in hospital schools and universities, the fields of nursing open to

graduates, and the rewards they offer.

This filmstrip can be used to advantage for vocational guidance classes in secondary schools and is suitable for interested adult audiences such as Home and School groups, Women's Institutes, church groups, etc. National Film Board filmstrips may be purchased through any National Film Board Office or representative in Canada or directly from the Commercial Division, National Film Board, Ottawa. Colored filmstrips cost $3.00, black and white, $1.50. A script prepared in manual form is provided and is included in the purchase price. Additional manuals are available at a cost of 40 cents each.

Le Nursing à travers le Pays

Soyons à la page

De notre temps, la femme qui veut suivre les changements de la mode risque d'y perdre son chemin; à peine s'est-elle engagée vers la ligne A de Dior qu'il lui faut s'orienter vers l'Italie pour sa coiffure et zizaguer sans cesse dans le froufrou féminin de la toilette. Pourtant, la mode est une chose de peu d'importance si on la compare à l'évolution rapide et incessante du nursing. Aussi est-il très important que infirmière vigilante se tienne au courant des développements qui surgissent dans le domaine du nursing, soit à l'échelon international, fédéral, provincial ou local.

La profession d'infirmière, preuve de sa vitalité, change, évolue, progresse dans des voies nouvelles à mesure que nous prenons connaissance des nouvelles méthodes ainsi que de l'art de les appliquer à la solution de nos problèmes. Des journées d'études, des conférences, etc. s'organisent dans les diverses parties du pays. Nous ne parlerons ici que des réunions auxquelles ont assisté les membres de notre secrétariat national. De votre côté, vous, infirmières, faisant partie de nos 38,576 membres du Canada, avez sans doute des renseignements intéressants à nous communiquer. Pourquoi ne pas nous les faire parvenir et nous permettre d'en faire bénéficier vos compagnes? Cette colonne est à votre disposition et vous vous aideriez ainsi à renseigner les infirmières.

Rompre avec la tradition! Voilà le but d'un Institut de l'Ontario

En 1953, l'Association des Infirmières enregistrées d'Ontario publiait un livret intitulé: "Curriculum and Information for Schools of Nursing in Ontario." Pour les infirmières habituées à penser et à travailler selon les habitudes traditionnelles, ce livret fit surgir bien des questions! La ligne de conduite généralement indiquée concernant les matières du programme d'études était résumée dans ces termes:

> Le contenu des cours sera déterminé par des infirmières de l'hôpital, des groupes intéressés de l'extérieur, des organisations sociales, des infirmières chefs de file, reconnues pour leur compétence, des spécialistes et des étudiantes, tous travaillant en coopération.

De plus, il était conseillé d'organiser le cours par unités, ces unités correspondant à des "problèmes d'actualité du Nursing".

Cette nouvelle façon d'agir a semblé créer en elle-même un nouveau problème en nursing. Alors, suivant les méthodes suggérées dans ce livret, l'A.I.E.O. réunit en mars dernier toutes les personnes destinées à la mise en oeuvre de ce nouveau programme d'études: directrices du service du nursing, directrices d'études, institutrices-infirmières afin de tenter de démontrer comment la coopération et la collaboration pouvaient en assurer l'exécution.

Durant cette semaine d'étude, les participants travaillèrent ensemble à préparer les unités d'enseignement correspondant aux divers problèmes du nursing. Le programme offre à l'étudiante divers moyens de nature à l'aider à fixer son attention sur le malade plutôt que sur la maladie. Le Dr. Alan Klein, professeur à l'Ecole des Sciences Sociales de l'Université de Toronto, apporta un concours précieux au travail d'organisation et un puissant stimulant pour le travail d'équipe. Mlle Carol Adams, nouvelle secrétaire de l'Education de l'A.I.E.O., fit office de coordonnatrice, interprétant et intégrant à des situations concrètes, les présentations et les discussions.

Les réactions du groupe, lors de cette semaine d'étude furent des plus intéressantes. On put se rendre compte, au cours de la dernière séance, du tout ce que l'on peut apprendre lorsque plusieurs personnes mettent en commun leurs connaissances et leurs ressources. Celles qui étaient venues à cette réunion afin de se faire dire ce qu'elles avaient à faire, ont eu la satisfaction de contribuer personnellement à la préparation d'un programme d'étude nouveau genre.

Le groupe des Hôpitaux des Etats-Unis a délibéré sur l'administration du service du Nursing.

Améliorer les soins donnés aux malades par le perfectionnement des pratiques administratives du service du nursing, voilà la conclusion importante ressortant de l'Institut tenu à Buffalo, en mars 1955, par l'American Hospital Association. Le sujet de ces journées d'études était: L'administration du service du nursing. Les facteurs suivants furent jugés importants pour la bonne administration d'un service du nursing:

Unité de commandement — les employés ne doivent se rapporter qu'à un chef.

Degré de surveillance — l'autorité déléguée à un trop petit nombre veut dire qu'il y a une surveillance trop étroite; l'autorité déléguée à un trop grand nombre entraine un relâchement de la surveillance.

Similitude des tâches assignées — le travail doit être bien déterminé et les tâches assignées seront de même nature.

Délégation de l'autorité — l'autorité est proportionnée aux responsabilités et doit être déléguée en conséquence.

On exposa un plan démontrant comment des personnes expérimentées dans le service du personnel peuvent être très utiles dans le service du nursing et contribuer à en augmenter le rendement. Certaines fonctions peuvent leur être confiées avec succès, entre autres: travaux de recrutement, entrevues, orientation au travail, entraînement au travail, tableaux d'emploi du temps du personnel, renseignement, recherche, centralisation des dossiers.

Toute la philosophie de cette technique peut se résumer dans ce titre: "Le bon sens appliqué systématiquement." Deux hypothèses furent posées:

Qu'il y a toujours une meilleure manière de faire une chose. Que dans la solution d'un problème les connaissances scientifiques valent mieux que l'intuition ou que les conjectures.

Ce ne sont là que quelques-unes des intéressantes questions discutées au cours de ces journées d'études très actives et très enthousiastes. Des déléguées de tout le Canada venues d'Halifax, Montréal, Ottawa, Hamilton, Niagara, Windsor, Sarnia et Saskatoon ont assisté à ces délibérations.

L'enseignement sensoriel est favorisé par une variété de moyens mis à la disposition des Ecoles d'infirmières

Disques — La série de disques intitulée "Ways of Mankind" radio-diffusée à deux reprises à la C.B.C. sont à la disposition des écoles d'infirmières qui en font la demande. La Société d'éducation pour Adultes, 143 rue Bloor West, Toronto, a un certain nombre d'albums à prêter aux écoles d'infirmières voulant les utiliser, avec certains cours, à titre d'expérience. En plus de favoriser la discussion dans l'enseignement de la sociologie, la réalisation dramatique de cette oeuvre est excellente. Basée sur des situations concrètes et variées de la civilisation primitive et moderne, la série illustre les réactions de l'homme en démontrant l'influence de la culture particulière qu'il a reçue.

Cinéma — Trois bandes cinématographiques sur la profession du nursing seront d'un intérêt particulier pour les infirmières:

Florence Nightingale et la fondation du Nursing professionnel," produit par la Cie d'Assurance-Vie Metropolitan, est une bande de 35 m.m., en couleurs, avec enregistrement sur disques. Le texte est aussi à la disposition des institutrices afin d'aider les étudiantes à mieux comprendre, à mieux apprécier et à mieux pratiquer les règles de la santé. Ce film est prêté gratuitement par la Cie D'Assurance-Vie Metropolitan, Bureau-Chef, Ottawa 4, Ontario.

"The Story of the Victorian Order." Une bande en couleur, produite par l'Office National du film pour le Ministère de la Santé Nationale et du Bien-Etre et le Victorian Order of Nurses du Canada en 1954. Le film montre comment le V.O.N. sauvegarde la santé des canadiens, d'un océan à l'autre, par des scènes du travail quotidien de l'infirmière. Cette bande peut être utilisée dans les réunions d'infirmières, conférences, discussions de groupe, causeries à des groupes de citoyens ou de professionnels, universités, hôpitaux et écoles

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d'infirmières, associations d'infirmières ou amicales.

"Nursing as a Career" fut préparé par l'Office National du Film en 1952; c'est une bande en blanc et noir, illustrant la vie de l'infirmière, les qualités qu'elle doit posséder, sa vie, ses études à l'hôpital-école, à l'université, les carrières offertes aux infirmières, les occasions d'avancement et les récompenses que comporte la profession.

Ce film sera montré avec avantage aux étudiantes des cours supérieurs, ainsi qu'à des groupes d'adultes: Ecole des parents, Cercles de fermières, associations paroissiales, etc.

Les films de l'Office National du Film peuvent être achetés par l'entremise de n'importe quel de ses bureaux ou de ses représentants au Canada ou directement à la Division commerciale, Office National du Film, Ottawa. Prix: $3.00, en couleurs et $1.50, en blanc et noir. Un texte sous forme de manuel est présenté avec le film. L'on peut se procurer des manuels supplémentaires au prix de 0.40 l'unité.

Nurses "Cross" the Nation

Already plans are going ahead for the 28th Biennial Meeting which will be held at the University of Manitoba in Winnipeg June 25 to 29, 1956. Are you planning on going West in 1956? If so, there will be many delightful trips planned in connection with the convention which you won't want to miss.

Here is a résumé of the plans being prepared by our Convention Coordinator:

Special trains are being organized. The Canadian Pacific Railway and The Canadian National Railway will each operate a "NURSES' SPECIAL," the former from Montreal and Toronto, the latter from the Maritimes. Convention rates have been authorized.

Post-convention trips are being arranged to fit every vacation plan and every budget. These include: *Canadian Rockies* (10 days) with stop-overs at Banff Springs, Lake Louise and Jasper Park. *Pacific Coast* (14 days) with stopovers as above, and also in Vancouver and the Empress Hotel in Victoria. The *Alaska Cruise* (10 days from Vancouver) and the *Hawaiian Islands* (10 days from Vancouver) both proved so popular last year that they are being repeated.

We have two new ones — *Klondyke Gold Nugget Tour* — by air from Edmonton or Vancouver to Whitehorse, then a seven-day river cruise on the S.S. *Klondyke* to Dawson City and return.

Finally, an *Eastern Canada Tour for Westerners* (18 days) with stopovers in Toronto, Niagara Falls, Ottawa, (tea at your National Office), Montreal, and a seven-day Saguenay Cruise on the S.S. *Richelieu,* calling at Murray Bay and Tadoussac.

Further particulars and complete itineraries of these trains and tours will be available at your provincial annual meetings. They will also appear in a later edition of *The Canadian Nurse Journal,* along with tear sheets. Or you may write directly to the Convention Coordinator at National Office, Ottawa.

Mrs. Ethel Armstrong Collins was appointed Convention Coordinator of

Ethel Armstrong Collins

A picture of satisfaction—and why not? This baby loves its Farmer's Wife, and mother knows that the formula milk recommended for her baby was prepared especially for infant feeding and infant feeding alone.

Evaporated Whole Milk
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"Specialists in the processing of milk foods for infant feeding"

the Canadian Nurses' Association in January, 1955. Mrs. Collins, it will be remembered, was responsible for the highly successful special trains that carried nurses to the 27th Biennial Convention in Banff in June, 1954. At that time also, acting in a voluntary capacity as transportation chairman for the CNA, she arranged post-convention trips to the Pacific Coast, Alaska and Hawaii.

Past experience as president of the Toronto Business and Professional Women's Club, and as provincial vice-president, involved responsibility for transportation from coast to coast and for the organization of a "Cross Canada" special convention train to Vancouver. Recently Mrs. Collins was appointed official organizer for Business and Professional Women's Clubs in Ontario and has already organized seven new clubs.

With this very excellent background for her present position with the CNA, Mrs. Collins brings enthusiasm and expert ability to the task of preparing for our convention in June, 1956.

In the Good Old Days

(*The Canadian Nurse*—JUNE, 1915)

"In 1895, for the first time, a trained nurse, Miss Collins, from London, England, was appointed matron of the General Hospital, St. John's, Nfld. . . In 1902, a training school was organized. When its first four nurses graduated we hoped to have their help for our future work but the hospital board was not prepared to give any increase in salary beyond what they had been receiving as probationers. Most of the nurses took positions elsewhere."

* * *

"Bacteriology has thrown much light upon the connection existing between a toxic condition of the blood and various abnormal states of the nervous system. Indeed, some psychologists affirm that insanity is due to toxins in the brain."

* * *

"Many of our leading drug stores are using trained nurses in their hospital sections. After becoming familiar with the stock and retail prices they can be of great service to the public. The salary paid is 12 to 15 dollars per week."

* * *

"Should nurses wear their caps in public places? It leaves them open to medical questions of all sorts. In fact, the right definition of a nurse's cap is information bureau."

* * *

"Twenty years of school medical inspection on this continent have placed the best and most efficient methods within our reach. Let us hope that the day will not be far distant when it will be compulsory for every school board to make adequate provision for carrying on this work."

"Chlorosis or the anemia of young women, that is found chiefly among domestics, is now appearing in young women employed in department stores. It is seen most in those who come from the country and take employment in towns. The girl comes soon to have a pallor of a greenish tint. Weariness and shortness of breath ensue. If untreated, this disease may become associated with ulcer of the stomach and all its evils."

The ***Cumulative Index*** for 1950-54 has been prepared for distribution. We sent notices to the schools of nursing, universities, public health organizations, libraries, etc., of its production and carried a brief note about it on this page last month. Five years ago when the last such extensive index was made available, many nurses procured personal copies. In the expectation that many of you will want to have these copies again this year we have prepared what we hope will be an ample supply. Orders should be sent to our office: **The Canadian Nurse, 1522 Sherbrooke Street West, Montreal 25, Que.** The price delivered to you is $2.50.

* * *

Remember that life is made up of loyalty — loyalty to your friends; loyalty to things beautiful and good; loyalty to the country in which you live; and, above all, for this holds all other loyalties together, loyalty to God.

—QUEEN MARY *to her granddaughter, now* QUEEN ELIZABETH II *of England.*

Opportunities for

Registered Nurses

in the

RCAF

New experiences and new fields for nursing—across Canada and in Britain, France and Germany—are opened to the Registered Nurse who enrols and serves as a Nursing Sister in the Royal Canadian Air Force, with opportunities for an interesting and rewarding career.

Duties include clinical and operating room supervision, staff positions, instruction of medical assistants, general public health work on RCAF stations, flight nursing and possibly para-rescue nursing.

Accepted applicants are granted a 3 or 5 year Short Service commission and receive regular Force officer rates of pay—with an allowance for officers' uniforms and nursing uniforms—food, living accommodation, and other important benefits are provided. These include 30 days' annual leave with pay plus travelling time, extra pay for specified areas of isolation and special leave following periods of isolation duty.

Openings for Nursing Sisters are limited, so act now. If you are a Registered Nurse (two years' graduate experience preferred), under 35 years of age, a British subject and single, apply for further information to:

DIRECTOR PERSONNEL MANNING,
RCAF HEADQUARTERS, OTTAWA

or the nearest RCAF Recruiting Unit.

CAF-10-55

ROYAL CANADIAN AIR FORCE

Sélection

Service Central

Dans les hôpitaux, la tendance est vers la centralisation; cette méthode, comme toutes les autres a ses avantages et ses inconvénients. D'une part, elle favorise l'économie du personnel et du matériel ainsi que le contrôle des techniques; d'autre part, elle n'aide pas à développer l'initiative de l'étudiante ni ne l'incite à donner un service personnel à ses malades; il en est de même pour les infirmières en service général. Elle amène à l'hôpital, avec le service fonctionnel, la production à "la chaîne de l'usine."

A moins de faire au service central un stage assez prolongé et d'y suivre un programme bien défini, l'étudiante risque, entre autres, de ne pas savoir préparer un plateau d'urgence pour trachéotomie, entretenir les tentes d'oxygène, etc.

Le programme suggéré ci-après, qui peut être modifié selon l'organisation de chaque hôpital, semble bien résumer les différentes phases du stage de l'étudiante infirmière au service central. — *S. G.*

Programme suggéré pour les étudiantes infirmières durant leur stage au service central

I. Orientation dans le service.
  a. Présentation du personnel,
  b. Manuel de la politique et règlements du département,
  c. Manuel de technique,
  d. Agencement des salles et disposition du matériel,
  e. Rapport entre le service central et les autres départements de l'hôpital.
  Visite et conférence aux chefs de services mentionnés ci-après, tel que jugé nécessaire par la surveillante du service central.
    1. service du nursing,
    2. services des achats,
    3. directeur médical,
    4. laboratoires,
    5. salles d'opérations,
    6. buanderie,
    7. entretien ménager.

II. Principes de la stérilisation.
  Ouvrages consultés: Manuels publiés par les manufactures de stérilisateurs. "L'infirmière en Chirurgie," Eliason,* etc.
  a. Manière générale de procéder, préparation du matériel.
  b. Techniques employées par le Service central.
  c. Responsabilités de l'étudiante infirmière concernant les méthodes de stérilisation. Point de vue juridique, erreurs.
  d. Vérification et contrôle.

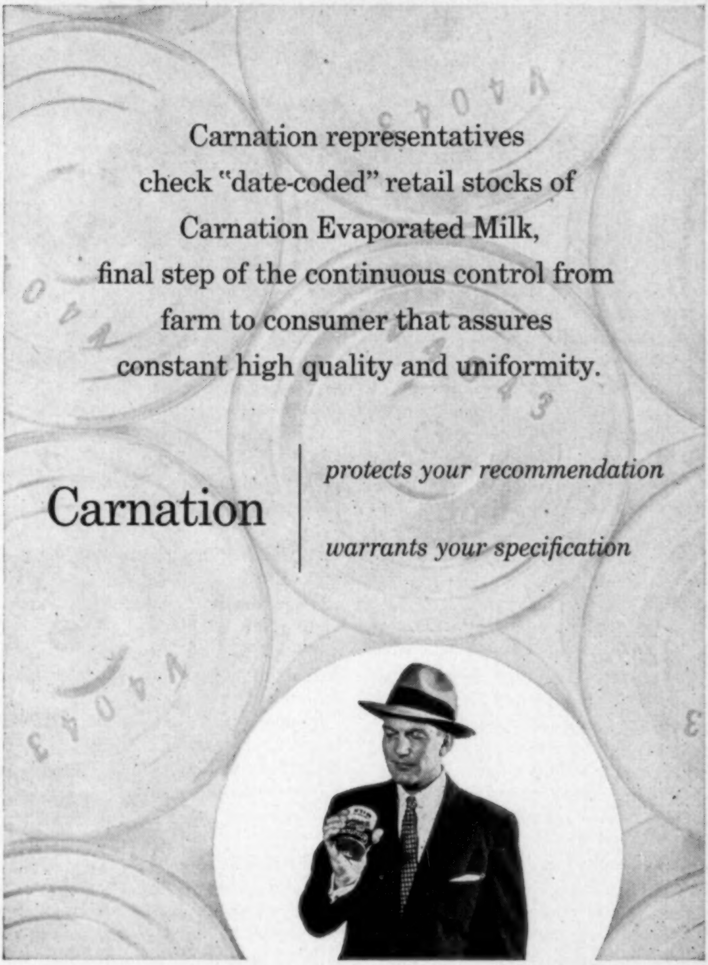
III. Soin et entretien du:
  a. matériel d'urgence:
    1. liste des articles considérés comme tel: canule à trachéotomie, etc.
    2. aspirateur électrique,
    3. attelles et gouttières.
  b. Mesures prévenant la détérioration.
  c. Contrôle des réquisitions, inventaires et comptes.

IV. Oxygénothérapie (si le service est attaché au service central)
  Ouvrages consultés: manuels publiés par les distributeurs. "L'infirmière en Chirurgie," Eliason, etc.
  a. Appareils divers dont le service central dispose,
  b. Manière de procéder pour chacun de ces appareils,
  c. Mesures d'urgence,
  d. Entretien des appareils,
  e. Factures et comptes.

V. Techniques particulières, liste des plateaux, leur préparation, etc.
  Consulter: manuel de techniques. L'étudiante doit vérifier la liste des plateaux, noter dans son cahier d'expérience les démonstrations et vérifier les plateaux à leur retour.

VI. Administration.
  a. Liste du personnel de garde,
  b. Commande des fournitures pour la semaine. Inventaire.
  c. Enseignement des techniques simples au personnel auxiliaire.

VII. Etude personnelle.



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Donner à l'étudiante l'occasion de faire de la recherche, nécessairement sur une petite échelle, ou de présenter un travail constructif sur les techniques, méthodes, etc.

VIII. Evaluation.

Evaluer les progrès de l'étudiante sur les formules ou bulletins fournis par l'école aux autres services.

Mary Helen Anderson — *Hospital Management,* fév. 1955.

* "L'Infirmière en Chirurgie" a été ajoutée au texte.

Nurses' Registry Marks Fifty Years

MARY E. JAMES

THE CENTRAL REGISTRY of Graduate Nurses of Toronto—a service that is maintained 24 hours a day, seven days a week so that hospitals and doctors may contact members of the profession at any hour for private nursing—has been celebrating its golden jubilee this year.

There was general satisfaction that the golden jubilee could be observed in the newly acquired house on the brow of the Avenue Road hill. This house, which combines clubhouse and office, has been the goal of nurses for years and the dream of pioneers who worked tirelessly for its fulfilment decades ago, when the registry was in swaddling clothes.

A single page of a well-preserved minute book records in precise, clear handwriting the story of the organization meeting that took place on January 20, 1905. It was held in the old medical library with representatives of all the hospital schools present to discuss the advisability of opening a general registry for all graduate nurses in good standing. All agreed to support the registry, and that was its beginning.

The first meeting was chaired by Ella Shepherd (afterwards Mrs. Otis Turner), graduate of the Hospital for Sick Children. The secretary, Carrie de Vellin, was authorized to write United States centres for registry rules to use as a guide.

The first registrar was Ethel Barwick, who received a salary of $35 a month. She was a Johns Hopkins graduate, and the rules of the Baltimore registry were finally adopted, with alterations to suit local needs.

Growth of the registry is indicated by the first half-yearly report showing a membership of 200 nurses, compared with today's 1,150.

In June, 1905, the first month of actual operation, registry calls numbered six. In December, 1954, calls totalled 2,464. That a nurse shortage existed even in the early days is evident from the fact that in October, 1906, with 209 nurses on the registry, 21 calls went unanswered.

Great changes have taken place in hours of duty and fees. Fifty years ago nurses worked 12 and 24-hour duty. The 8-hour day introduced in the late 30's was a big step forward. Today it is 8-hour duty in hospitals and 8 or 10 in private homes. Present rates of $12 for 8 hours and $14 for 10 are more than double what they were when the registry was young.

Time was, back in the 30's, when the nurses themselves reduced their rates. At times 500 nurses were on call and there was no work. In some hospitals there would not be more than one special nurse on a floor of 40 patients .

Typhoid, practically non-existent today, was widespread in the early days and the old minute books tell of Toronto nurses going to distant parts of the province, as far back as 1906, to care for patients with the disease. The greatest demand in the registry's history came with the influenza epidemic of 1918.

The registry has had several homes and heads since it began to operate. In the early days it functioned in the registrar's home. Later it moved to the Nurses Club at 295 Sherbourne St., which was given to nurses by the late John Ross Robertson. For a long time it had offices in the Physicians and Surgeons building, 86 Bloor St. W., before moving to its present quarters.

Two of the registrars who made outstanding contributions to its development and became widely known in medical and nursing circles were Margaret Ewing, who served from 1910 to 1928, and Helen McD. Carruthers, registrar-treasurer from 1928

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The Journal *presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

to 1943 and still active. Miss Carruthers was succeeded by Winnifred Griffin, who continues to take a lively interest in professional matters. The present registrar-treasurer is Miss Jean C. Brown.

The registry is governed by a board of directors, made up of 33 persons including private nurses and representatives from the Department of Health, Academy of Medicine, and Toronto Hospital Council, the last three being in an advisory capacity.

Keeping step with advancing times, some of the certified nursing assistants who wish to do private duty in homes are now on the rolls of the registry.

Nurses might have had their own home for their registry sooner were it not for the fact that during the war years they decided to postpone building plans and contribute $15,000 from their building fund to equip the Red Cross Hospital for Canadians at Taplow, England. Through wise investment the fund was built up again to make their present home a reality.

Book Reviews

Living With a Disability, by Howard A. Rusk, M.D. 207 pages. Doubleday Publishers, 105 Bond St., Toronto 2, Ont. 1953. Price $4.50.

Reviewed by Janet Story, Provincial Nursing Officer, St. John Ambulance, St. John's, Nfld.

This book was compiled with the idea of making available the knowledge of various inventions and discoveries which may help a physically handicapped person live a happier and more independent life. It is not intended that the disabled person should use this information without first consulting doctors and specialists as to whether the devices would be of use to him.

The authors collected information from organizations, groups and individuals, and compiled their ideas, after testing them clinically, on the use of aids for eating, dressing, bathing and homemaking, as well as other important functions of life. The book consists of over 250 photographs and diagrams complete with instructions on how to use the self-help devices to best advantage. There are suggestions that are of great value for the physically handicapped on such topics as buying a wheel chair, rearranging the home where there is a physically handicapped person, ways of getting in and out of bed, and many more. A particularly useful chapter is the one titled "Conquest of the Kitchen," that describes how kitchens can be equipped and arranged for easier and more efficient working. Much of the information given in this chapter could be used to good advantage by those who have no physical handicap.

The book is useful not only for persons with a disability, but is of great value for doctors, nurses, and physiotherapists, and would be a valuable addition to any hospital or school of nursing library.

The Nursing of the Elderly Sick, a practical handbook of geriatric nursing, by T. N. Rudd, T.D. et al. 108 pages. British Book Service (Canada) Ltd., Kingswood House, 1068 Broadview Ave., Toronto 6, Ont. 1953. Price $2.00.

Reviewed by Jean Clack, Assistant Matron, School of Nursing Assistants, 80 Birmingham St., Halifax, N. S.

My congratulations to Dr. Rudd for his able and sympathetic handling of a subject that is so important today. He states that the mission of geriatrics is to impress upon us that old age shouldn't be one of stagnation and decay; that even the elderly can continue to share in our civilization; that old age is not without spiritual values; that old age need not exist on a purely vegetative plane.

The spectre that haunts those who grow old is the loss of functional activity of mind and body and the bed-ridden state of helpless dependence on others. An old person usually recognizes that the mind is more important than the body. We, in helping their bodies, should not lose respect for their minds and personalities. I feel this is one of the most important messages in the book. In the busy geriatric ward we, as nurses, tend to overlook this pertinent fact. To quote Dr. Rudd, "the successful nurses of the elderly sick are those who help their patients to die with their boots on."

Dr. Rudd goes on to give practical advice on such points as the variation of disease in old age, anesthetic and surgical problems, rehabilitation, care in the home and types

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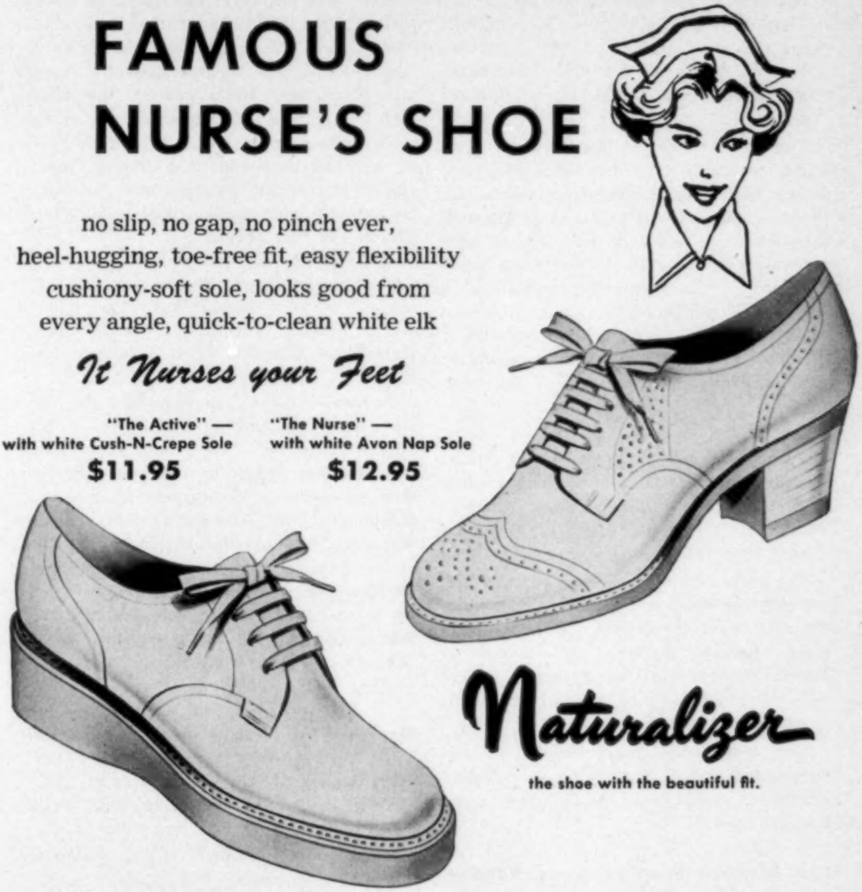

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of hospital accommodation for the aged. Those who care for the elderly sick will find this valuable book of assistance in their work.

Mayes' Handbook for Midwives and Maternity Nurses, revised by F. D. Thomas, S.R.N. 428 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2, Ont. 4th Ed. 1953. Price $3.00.
Reviewed by Mrs. D. Beattie of Kimberley, B.C.

The original "Mayes' Handbook for Midwives," a widely used text for many years, is kept up to date by regular revisions. Its theme is midwifery as practised in England, thus rendering some of its material nonapplicable in Canada. Midwifery is necessary only in the absence of a physician, a situation seldom found here, even in remote rural areas. However, valuable material is presented in the text that will be helpful to graduates and students working in maternity wards.

A concise chapter on anatomy is one of the highlights and can truly be appreciated by any student. Diagrams are adequate and accurate, making this part unusually interesting, rather than the drudgery it is considered by so many students.

The pregnancy term is covered fully and complete information on labor, puerperium, the newborn and possible abnormalities is given. Several chapters are devoted to British Services and Vital Statistics—otherwise the entire book is extremely useful to Canadian maternity nurses.

This text would prove helpful to any nurses in this field. If only for its anatomy chapters it should be in the library of every hospital school.

One Hundred Years of Army Nursing, by Ian Hay. (Major-General John Hay Beith, C.B.E., M.C.). 387 pages. British Book Service (Canada) Ltd., Kingswood House, 1068 Broadview Ave., Toronto 6, Ont. 1953. Price $4.25.
Reviewed by Dorothy G. Riddell, Senior Inspector, Nursing Branch, Dept. of Health, Parliament Bldg., Toronto, Ont.

Sir Alexander Hood, in the Foreword, notes that this book "in tracing the history of the Army Nursing Service from its beginning in the Crimea to the present day, shows what a long and weary road it has traversed from Florence Nightingale and the Institute of Protestant Deaconesses at Kaiserwerth to the advanced operating centres of the last war and the depot and training establishment of Queen Alexandra's Royal Army Nursing Corps; from poke bonnets and long full skirts to steel helmets and battle dress."

Here is a tale of service in many places —the Crimea, South Africa, the Dardanelles, Mesopotamia, Mons and Dunkirk, Gallipoli, Singapore, Burma, the Desert, Greece, Anzio and Normandy, Malta and on the High Seas. Here, too, is a memorial to Army nurses who lost their lives in every theatre of war and a tribute to all those "highly skilled, courageous, conscientious colleagues, reliable and undefeatable, equal to all emergencies, on duty always."

The story is told in four parts:

Part One—Amateur to Professional; Part Two—The First World War; Part Three —The Second World War; Part Four— Return to Normal (The Administrative Side).

Anyone wishing data regarding the history and development of nursing in the British Army will have a wide, interesting and readable survey in this book. If you wish an outline of the present-day administration of Queen Alexandra's Royal Army Nursing Corps and the pattern of its work as an autonomous corps within the medical services, you will find it here. If you wish for a vital and true story of adventure and achievement, you will find one in this clearly defined, thorough, and, in its own way, thrilling book.

Handbook of Pharmacology for Nurses, by Robert Shestack, Ph.G.R.P., P.T.R. 171 pages. McAinsh & Co., Ltd., 1251 Yonge St., Toronto 7, Ont. 1952. Price $3.00.
Reviewed by Beatrice Cole, Eldorado Hospital, Eldorado, Sask.

After many years' experience as a pharmacist and as an instructor of pharmacology in a school of nursing, the author is well aware of the difficulties this subject presents to the average student nurse. In the preface he states, "One of the problems encountered by the student nurse is the task of assimilating the vast number of pages contained in most of the textbooks on pharmacology in the 30-hour course usually given in training." Anyone who has taught this course will surely agree. The problem of becoming familiar with a tremendous number of drugs, their actions, dosages, etc., becomes a most tedious and discouraging

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task for the inexperienced junior student, whose previous knowledge, in many cases, does not include much more than the action of an aspirin tablet or a laxative preparation.

The author's purpose is "to present a concise, ready reference for the nurse. The cardinal points of each drug or preparation are stressed and their importance emphasized." He has succeeded admirably. Commonly used drugs are classified according to the system on which they act and are discussed under the headings—source, actions and uses, average dose and toxicology. Pertinent points regarding administration are noted. The chapters concerning Hormones, Vitamins, Antibiotics, Sulfonamides are particularly interesting and up to date.

In addition, the author has included a list of commonly used terms. These are very clearly defined and examples of each are given. Two short chapters, one emphasizing the nurse's responsibility in drug administration, and the other dealing with "Popular Preparations, their Common Names and Doses," are valuable assets.

One might criticize the lack of detail regarding the physiological action of some drugs. The effect of drugs on the autonomic nervous system is not mentioned except for one brief sentence stating that physostigmine is a parasympathetic stimulant. Epinephrine is discussed under the heading, "Vaso-constrictors." The author states that epinephrine is used to check bleeding by contracting small blood vessels and at this point he lists the other uses of the drug. There is no mention anywhere in the book of its effect on the sympathetic nervous system. Little is said regarding the action of dicumarol and heparin, except that they are anticoagulants.

A question of accuracy arises in one or two instances. Under the heading, "Therapeutic Uses of Opium and its Preparations," it is stated, "to relieve an attack of asthma by lessening the spasm of the bronchial tubes." Other authorities seem to disagree. In fact, Sir John Conybeare in his "Textbook of Medicine" says, regarding asthma, "Injections of morphine should not be used. They increase bronchial spasm, depress the respiratory centre and so augment anoxia."

This book, presenting a concise and simplified form of pharmacology, could prove a less formidable text for students. However, I would suggest that it be supplemented with lectures stressing physiological action, and assigned reading from more detailed reference books and pamphlets.

The ideal method of preventing toxemia of pregnancy is to avoid excessive weight gain. Although we can't predict all of the patients who will develop this disease, we do know that those who limit their gain to two pounds in any one month will not become preeclamptics. Unfortunately, only a small percentage of pregnant women control their gain in this manner. Therefore all of them need early guidance in regard to diet. High protein foods must be stressed. Salt intake should be reduced early in pregnancy. Salt substitutes may be prescribed although few of them are palatable. The high sodium content foods should be avoided unless they are very rich in protein. Incipient edema frequently can be controlled with the help of one gram of ammonium chloride three or four times daily for one or two weeks. Appetite-depressing drugs are definitely beneficial for some patients. For others, small doses of phenobarbital before meals serve the same purpose. Considerate but firm explanation of the situation and genuine personal interest in these patients help them greatly in the battle to control their weight.

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—S. S. Lambeth, M.D.

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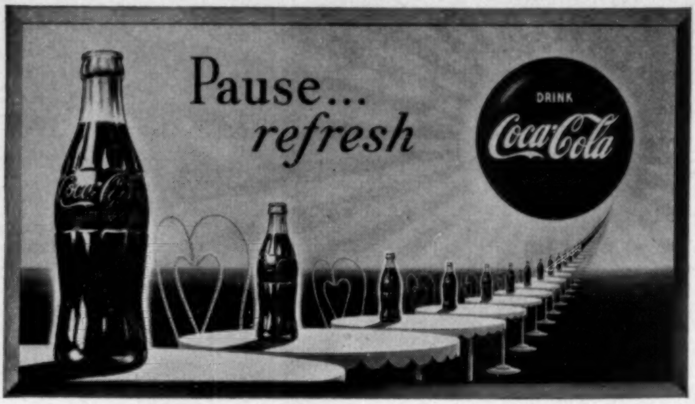

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THE GREAT FATHER above a Shepherd Chief is. I am His and with Him I want not. He throws out to me a rope and the name of the rope is love and He draws me to where the grass is green and the water not dangerous, and I eat and lie down and am satisfied.

Sometimes my heart is very weak and falls down but He lifts me up again and draws me into a good road. Sometime, it may be very soon, it may be a long, long time, He will draw me into a valley. It is dark there, but I'll draw back not. I'll be afraid not for it is in between those mountains that the Shepherd Chief will meet me, and the hunger that I have in my heart all through this life will be satisfied.

Sometimes He makes the love rope into a whip, but afterwards He gives me a staff to lean upon. He spreads a table before me with all kinds of foods. He puts His hand upon my head and all the "tired" is gone. My cup He fills till it runs over.

What I tell is true. I lie not. These roads that are "away ahead" will stay with me through this life and after; and afterwards I will go to live in the Big Tepee and sit down with the Shepherd Chief forever.

The reproduction is with the permission of the Cook Christian Training School, Phoenix, Arizona, an interdenominational Indian training school for Christian workers.

Most of us have been taught from our youth that we must make every minute count. Trying to crowd three days' activities into one hectic day is not making the most of time. Time that we do not use to our best advantage is time wasted, regardless of the number of motions that we may go through.

It is also well to remember that clocks were made by man for his own convenience, in order to make time serve man better. Today, many of us have reversed the process, and have become slaves to the clock.

* * *

Willingness without action is like a cloud without rain; there may be lots of thunder and lightning, but no parched ground is watered.

A homemade "frog" for flower arranging can be made by taking a smooth potato and slicing enough off one side to make it lie solid in your flower bowl. Then punch holes in it with an icepick. This is very successful — for pansies and other short-stemmed flowers.

Canadian Red Cross Society

The following are staff changes in the Quebec Division of the Canadian Red Cross Society:

Appointment — *Gertrude Leblanc* (Verdun Hospital, Verdun), to Douglastown.

Leave of Absence — To take refresher course, *Leone Soucy,* from Barachois, Gaspe, public health nursing with City Health Department, Montreal.

Resignation — *Monique Drouin* from Douglastown.

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

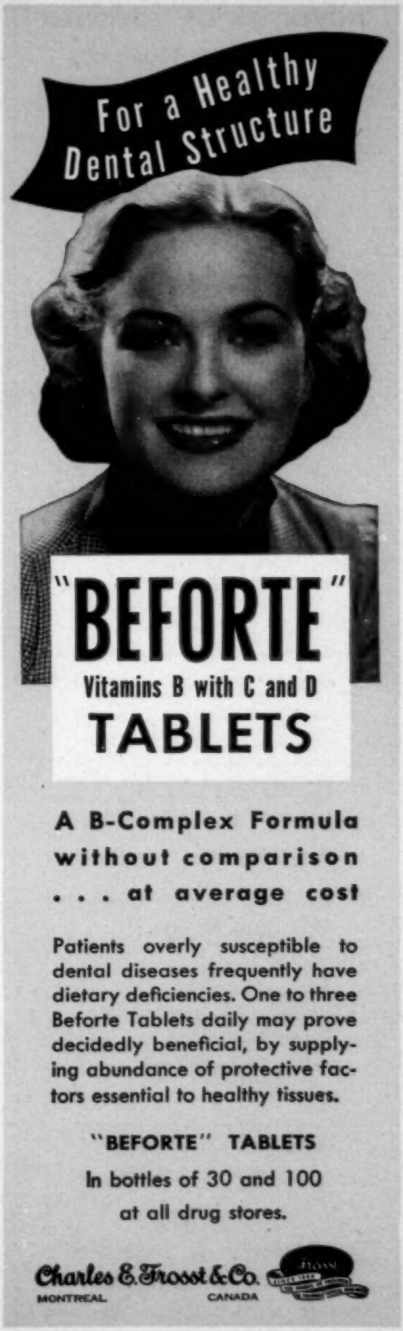
Appointments — Guelph: *Mrs. Dorothy Small* (Guelph Gen. Hosp.). Montreal: *Lucie Poirier* (New Waterford Gen. Hosp., N.S.). Niagara Falls: *Helen Martindale* (Greater Niagara Gen. Hosp.). Ottawa: *Gracia Lalonde* (Univ. of Ottawa). Sarnia: *Loretta Gillis* (St. Jos. Hosp., London). Victoria: *Elizabeth Morten* (Royal Columbian Hosp., New Westminster).

Transfers — In charge, *Marie Berthe Maille* from Rouyn-Noranda to Pointe Claire, Que. *Gloria Somerville* from Toronto to Vancouver.

New Affiliation Course

A dream of many years came true last January at the Alberta Red Cross Crippled Children's hospital when the first class of a student nurse affiliation with various Alberta hospitals began its four-week training course at the Red Cross hospital. Classes, comprising up to 24 students, will henceforth study at the hospital as part of their regular training.

Students follow an orthopedic-pediatric training covering child growth and development, care of infants, orthopedic nursing



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including congenital and acquired conditions, care of polios in the convalescent and chronic stages and the total rehabilitation of the long-term patient including emotional, psychological, physical and economic factors. They will be taught, also, to recognize the need of securing early, adequate and continuous medical nursing in the care of the orthopedically-handicapped individual.

As the Red Cross hospital is the only orthopedic hospital in Alberta, it is felt that the affiliating students will be given a wide variety of experience and training in conditions that are not particularly familiar in general hospitals.

For the past several years the Red Cross hospital has been affiliated with the Provincial Nursing Aide Training program but this program has been discontinued. However, certified nursing aides will be employed still to serve a most useful purpose.

News Notes

ALBERTA

DISTRICT 2

PONOKA

Guest speakers at recent meetings of the district included: Mrs. W. Norquay on the newer developments in tuberculosis nursing with films on control of the disease; L. Kremer on nursing care in poliomyelitis illustrated by films. Miss I. Johnson, chairman of the legislation committee, accompanied by Misses Morrison, Watson, and O'Leary, spoke at a special meeting about the proposed changes in the Nurses' Act. The explanation of developments and plans was appreciated by the members and increased understanding ensued.

CAMROSE

The annual report of the chapter indicated keen interest in activities during the year. The average attendance was 26. One of the projects was the donation of $150 to St. Mary's Hospital to aid in the purchase of a 16 m.m. projector with speaker. Members catered to a banquet following the Civil Defence Disaster Plan activities.

DISTRICT 3

CALGARY

It was reported at a recent district meeting that the proceeds of the bursary tea convened by Miss Kutschke will provide bursaries of $100 to each of the two training schools. E. Shaw, president, presided and 30 members attended.

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HIGH RIVER

Vice-president Mrs. Eaton conducted a recent meeting of the chapter attended by 24 nurses. Seven were new members. Total membership is 46. Dr. D. W. Forsyth, guest speaker, chose as his topic, "Drugs and Their Uses." V. Harding demonstrated the new croup tent.

VULCAN

Plans for three civil defence meetings were made at a meeting of the chapter recently. The program included organization and instructional training.

DISTRICT 6

LACOMBE

Twenty-five members attended a meeting of the chapter when Dr. W. Henry spoke on "Drugs for Hypertension." A discussion period followed. A delegate to the provincial convention and a convener to organize the canvas for the cancer campaign were appointed.

DISTRICT 7

EDMONTON

A special meeting of the district was attended by 110 members. It was decided that Mmes Quick and Norquay would replace, as delegates, Misses Hamilton and Lea who are unable to attend the convention. Miss Taylor was made convener of the committee for Rededication Sunday. A donation to each of the churches concerned was agreed upon. Misses H. Penhale, president of the A.A.R.N., and I. Johnson, chairman of the legislation committee, explained the steps taken by the Council regarding the Nurses' Act. Questions were answered and Miss Farquharson thanked the speakers for their able assistance.

JASPER

Eight members attended a recent meeting of Edith Cavell Chapter. It was suggested that Mrs. Garford would be the delegate to the provincial convention in Calgary. Dr. Bethowski gave an interesting lecture on "The Abnormalities of the Newborn."

VEGREVILLE

At the annual meeting of the chapter, the following officers were elected: President, Mrs. R. Edmunds; vice-president, Mrs. W. Newsham; secretary-treasurer, T. Knapik.

BRITISH COLUMBIA

PENTICTON

Mrs. E. Rainbow conducted the April meeting of the chapter. Arrangements for

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the annual conference were made. Social activities including a banquet at the Hotel Prince George were planned. J. McGregor, dietitian at Penticton Hospital, spoke on dietetics.

TRAIL

Mrs. Ross, the president, chaired the April meeting of the chapter attended by 23 members. A letter of thanks for the bursary was received from L. Upton. Miss Cumming was made convener of the nurses' tea; proceeds will be used to purchase bedside curtains for the hospital. Mrs. McKenzie reported that more than $12 had been realized from the coffee party. Delegates to the provincial convention in Penticton were appointed as follows: Mrs. Ross, in an official capacity, and Miss Cumming to represent the chapter. The guest speaker was Dr. Goresky, who spoke on psychiatry.

VANCOUVER

St. Paul's Hospital

Mrs. G. Collishaw, acting president of the alumnae association, was chosen to present the pins to members of the graduation class at the exercises and represent the association at the reception when each graduate receives a complimentary membership card for the current year. A letter from Sr. Columkille expressed pleasure that the Jeanne Mance statue in the new auditorium is in recognition of her long and devoted service. Mmes G. Mulhern and Vangie were made conveners of the spring dance. Dr. W. J. Torrance, guest speaker at a recent meeting, talked on the advance of surgery and anesthesia in the past 20 years. P. (Baseley) Williams and C. McKay have gone to England. Misses Smythe and O'Loane are nursing in Santa Monica. S. (Parmiter) Sereno is specializing at an international hospital in Rome. The South Burnaby group held a delightful meeting recently attended by 16 members.

VICTORIA

The president, E. Riddell, conducted two recent meetings of the chapter. Two Hollywood wheelchairs and a infra-red lamp were purchased for the new Gorge Road hospital with proceeds from the sponsorship of a play by the Little Theatre Guild. After the business meetings, demonstrations were presented. The first by Mrs. Hayman, Misses Wilton, and Barbour of Royal Jubilee Hospital was on nursing care following eye surgery and the second by Mrs. Craigmyle, Misses Clarke, and Marmina of St. Joseph's Hospital on modern equipment in common use.

MANITOBA

WINNIPEG

General Hospital

The annual graduation dinner was planned at the April meeting of the alumnae association. The compilation of a history of the school of nursing was discussed. A new policy for scholarships was presented and considered. It was voted to raise the annual membership fee to $2.00, effective in the fall.

NEW BRUNSWICK

MONCTON

The president, Mrs. N. Smith, was in the chair at a meeting of the chapter recently. Mrs. G. Shaw reported on the annual meeting and dinner of the local Council of Women. H. Hayes was made convener for the provincial annual meeting in October. A panel discussion based on the recent institute at Dalhousie University followed. The subject was the aspects of maternal and child care. M. Hollenbeck, P. Rann, E. Larracey, N. McGorman and S. McLeod participated.

NEWCASTLE

Sr. Skidd presided at a meeting of the chapter when it was decided to hold the annual meeting in Chatham. A panel discussion on maternal and child welfare was the highlight of the evening. Miss Muriel Hunter, provincial director of public health nursing, was chairman, assisted by public health nurses from various parts of the province. Newer trends in this phase of nursing were emphasized. At the conclusion, the president thanked those participating.

A meeting of public health nurses from six counties was held recently with the director, Miss Hunter and field supervisor, Miss Lois Smith. Forthcoming polio vaccination was one of the matters discussed. Staff nurses attending the conference included M. Branch, E. Theriault, M. Fearon, N. McQueen, A. Robichaud, B. Norris, R. MacKenzie, M. Armstrong, K. Buchanan, Mmes G. Cormier, E. Dickson. All were entertained at a luncheon by Miss Robichaud and Mrs. Norris of Northumberland County.

SAINT JOHN

M. Todd and L. McKay have joined the V.O.N. while E. Henderson has resigned after 26 years' service. F. Saunders and P. Miller attended a three-day institute at Dalhousie University, Halifax.

L. Peters, president, conducted a recent meeting of the chapter. Proceeds of the Easter dance will help finance the nurses' registry. E. McLeod and E. Craft who supervised the training of student nurses in the presentation of "The Pulse Takers' Jamboree" were given flowers in appreciation of their endeavors.

General Hospital

At a recent meeting the alumnae association sponsored the presentation of "The Pulse Takers' Jamboree" followed by a tea, as a fund-raising project. R. Duff and K. Donahue were appointed conveners of the graduation dinner and dance. It was decided to furnish a room in the new nurses' residence. The first pages of the history of the nursing school planned for publication by the alumnae were read.

Recent appointments include: Head nurses, M. Kavanaugh, J. Kimball; operating room, J. Walton, P. Taylor; instructors, J. Farnham, B. Dick; general staff, E. Corbett, P. Ratcliffe, A. Mahoney, M. Blackford, D. Buchanan. S. Lederer and P. Campbell have resigned to go to Hamilton General Hospital and J. Goss and P. Hartt to join the R.C.A.M.C. C. Cooper is stewardess with T.C.A. while B. Morrell, A. Hines, D. Smith are at the King Edward VII Memorial Hospital, Bermuda.

Members of the Women's Hospital Aid will solicit funds to furnish the new wing of the nurses' residence as previously planned in 1920 when the aid was organized.

St. Joseph's Hospital

J. Kelly and M. Power are on a six-months' tour of the Continent. B. Bourque replaced Miss Kelly as assistant supervisor on the first floor while B. Maher took over Miss Power's duties on the second. Sr. M. Concepta replaced M. Carey as supervisor

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of the second floor. Miss Carey returned to private nursing.

Woodstock

The president, H. Salmon, presided at the March meeting of the chapter. 27 members and 10 guests were present. Mrs. K. Hamilton gave a reading from *The Canadian Nurse* anniversary issue. Mrs. B. Gardiner reported on the purchase of chairs to be used in the sitting room for private duty nurses. A panel discussion on maternal and infant care followed, under the chairmanship of Miss M. Hunter, provincial director of public health nurses. Others participating were: Miss L. Smith, Miss Hunter's assistant; Mrs. H. Work, supervisor of obstetrics at Hotel Dieu Hospital in Perth; C. Pichette of Madawaska and Miss Belle-Isle of Edmundston. Mrs. Hamilton thanked panel members for an interesting session.

ONTARIO

District 5

Toronto

Women's College Hospital

A tour of the world famous Dutch paintings at the Art Gallery was a feature of a meeting of the alumnae association recently. 30 members and friends attended. A grant from the Bickle Foundation was obtained to set up the pharmacy in the new wing of the hospital according to recommendations from the College of Pharmacy. The approval of the University makes it possible for W.C.H. to become the only teaching hospital in Toronto for hospital pharmacists. R. McDiarmid is at Englehart and attended the local Red Cross charge nurses' conference recently.

District 7

Kingston

Ontario Hospital

Officers elected at the annual meeting of the alumnae association are: President, Mrs. D. Kennedy; vice-presidents, Mmes J. Mallen, D. Newman; secretary, Mrs. K. Burke; treasurer, M. Carter; in other capacities, H. Heath, E. Moulton, M. Mills, Mmes M. Watson, J. Gibson, M. Pillar, L. Riddell, C. White, M. Peters, A. Pomeroy, N. Weir. Mrs. M. Bernasconi is representative to *The Canadian Nurse*. Honorary members are Mrs. D. Lynch, M. Sundberg. Mrs. Bernasconi, on behalf of the alumnae, presented a silver plate to Dr. and Mrs. Lynch on the occasion of their transfer to Toronto. Dr. Lynch was medical superintendent for six years. L. Guindon gave an interesting account of her trip to the Holy Land.

District 8

Ottawa

Lady Stanley Institute

Mrs. O. Skuce, president, welcomed the guests at the annual dinner of the alumnae association. Miss Edith Young, director of nurses at Civic Hospital, was guest speaker and her topic was, "A Glimpse into the Field of Nursing." Guests included: Mr. and Mrs. A. Beddoe, G. Woods.

PRINCE EDWARD ISLAND

Charlottetown

The district sponsored a three-day institute on mental health attended by 122 nurses. Among those participating were: Dr. A. A. MacVicar on the topic, "How to Win Patients and Influence Doctors"; Dr. Theriault on shock therapies and the drugs, Chlorpromazine and Reserpine. Two case presentations were given.

Prince Edward Island Hospital

Friends and relatives witnessed the recent ceremony at the Cundall Home when 19 students were presented with their caps by Miss Florence MacLean. Mrs. N. D. MacLean presented the white testaments from the Gideon Society. Rev. M. D. Dunbar led the Florence Nightingale pledge and delivered an impressive message to the students.

QUEBEC

Montreal

Royal Victoria Hospital

The guest speaker, Dr. J. G. Turner, spoke on the building program at the April meeting of the alumnae association. It is expected that the new wing will be ready for occupancy in September. A benefit evening of bridge and canasta was held recently. Proceeds will be used to help sponsor a second edition of Miss E. Buchanan's text, "A Study Guide in Nursing Arts." Plans were made for a fall bazaar.

A letter from M. Dolphin described her work in the Medical College Hospital, Dacca, East Pakistan, where the school of nursing held its first graduation exercises recently.

R. Durham is employed at St. Thomas' Hospital, London, England. Recent visitors were R. (LeRiche) Gilmore and F. Gass.

From Calgary Chapter comes the news that D. (Standford) Steves has transferred to Hancock, Michigan, and K. (MacKay) Poole to Winnipeg while M. (Saunders) Cameron is living in Ottawa.

A sense of humor is what makes you laugh at something that would make you mad if it happened to you.

"EXPORT"
CANADA'S FINEST
CIGARETTE

SASKATCHEWAN

Saskatoon

St. Paul's Hospital

Miss McGinnis has resigned from the staff due to illness while Mrs. Humphries is scheduled to return to duty. Dr. Baltzan was guest speaker at a recent alumnae meeting and chose as his topic, "Medical Adventure." Classes on current events conducted by Mr. Roy proved interesting and instructive.

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Closing date for copy: 20th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Que.

Director of Nursing for General Hospital of Port Arthur. Applications are being received for this position. Hospital capacity — 275 beds, 26 bassinettes. Duties include overall supervision of nursing & nursing education. School of Nursing — 53 students. Address applications to Administrator, General Hospital of Port Arthur, Port Arthur, Ont., stating qualifications, experience & salary requirements.

Supt. of Nurses for Lachine General Hospital. Position will become vacant on 1st of July 1955. This is a 75-bed hospital & Lachine is situated on the north side of Lake St. Louis, 9 miles from the centre of Montreal. Address applications to the Administrator, General Hospital, Lachine, Que.

Matron for 8-bed hospital. Duties to start July 1, 1955. Salary: $285 per mo.; $30 deducted for full maintenance. State age, experience & references. Apply J. E. Hunter, Sec.-Treas., Union Hospital, Box 40, Hodgeville, Sask.

Asst. Supt. of Nurses for August 15, 1955. Salary: $266 — 321 per mo. also **Senior Instructor** for August 1 to direct teaching program and teach nursing arts. Salary: $266-321 per mo. **Clinical Instructor** immediately to teach psychiatric nursing on male wards. Salary: $266-321 per mo.; also **Graduate Nurses with Psychiatric Training.** Salary: $216-256 per mo.; without psychiatric training, $211-251 per mo. All for 1450-bed active treatment hospital conducting an accredited school of training; 44-hr. wk; residence with board, if desired, $30 per mo. Excellent holiday, sick leave and pension programs. Apply, stating qualifications and experience to Supt. of Nurses, Provincial Mental Hospital, Ponoka, Alta.

Supervisor of Nursing for 28-bed general hospital in Huntingdon County, in a small industrial town 45 miles from Montreal, offering many pleasant social and recreational activities. Pleasant working conditions; living quarters in hospital; annual holiday of 1 mo.; statutory holidays; two wks. sick leave; Blue Cross paid. No previous Supervisor has ever left us due to dissatisfaction with working conditions or salary. Losses mainly have been due to marriage. Good starting salary. Apply: F. G. McCrimmon, M.D., Medical Superintendent, Box 488, Huntingdon, P.Q.

Supervisor of Nursing for 26-bed General Hospital; new 50-bed hospital opening in Sept. Central B.C. community of 10,000. Good organizer, experience in O.R. & obstetrics. Private suite in modern residence. State qualifications, salary, age & references. Apply Administrator, General Hospital, Quesnel, B.C.

Head Instructor for Training School to teach Sciences. 86-bed hospital; 30 students. Complete maintenance provided in comfortable suite. Apply, stating qualifications & salary expected, A. J. Schmiedl, Sec.-Manager, General Hospital, Dauphin, Man

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Instructor in Sciences, including curriculum planning, **Clinical Instructor** in Medicine and **Clinical Instructor** in Surgery required for School of Nursing by August 1, 1955, in 177-bed hospital, affiliation arranged in T.B. nursing, Psychiatric Nursing and Pediatric Orthopedic affiliation. Maximum of 60 students. One class a year. Excellent personnel policies. For further particulars apply to Miss E. A. Bietsch, Director of Nursing, Medicine Hat General Hospital, Medicine Hat, Alberta.

Nursing Arts Instructor & Operating Room Nurses (3), at once, owing to present nursing staff leaving to get married. 200-bed General Hospital. For further information, contact Supt. of Nurses, Prince Edward Island Hospital, Charlottetown, P.E.I.

Supervisor of Nursing for 26-bed General Hospital; new 50-bed hospital opening in Sept. Central B.C. community of 10,000. Good organizer, experience in O.R. & obstetrics. Private suite in modern residence. State qualifications, salary, age & references. Apply Administrator, General Hospital, Quesnel, B.C.

Instructor & Assistant Instructor for General Hospital. 180-beds, 70 students. Apply stating qualifications & salary expected Supt., General Hospital, Glace Bay, N.S.

Assistant Superintendent for active 60-bed General Hospital in town with population of approx. 4,000, 25 miles from London. Good working conditions & personnel policies; all graduate staff. Apply stating qualifications Supt., General Hospital, Strathroy, Ont.

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For further information write to:

Director in Chief,
Victorian Order of Nurses for Canada,
193 Sparks Street, Ottawa 4, Ont.

Instructor to teach anatomy and physiology, microbiology first term, followed by surgical nursing lectures and clinical supervision on surgical wards. Starting salary: $255; $10 for 2 yrs. experience; $10 yearly increments; 1½ days sick leave, cumulative; 10 statutory holidays; 40-hr. wk; 1 class per yr. in September. Apply to: Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Instructor for Nursing Arts & Surgical Nursing, followed by Clinical Teaching. Good salary & personnel policies. Apply Director of Nurses, St. Joseph's Hospital, Chatham, Ontario.

Nursing Arts Instructor; Science Instructor; Clinical Instructor in Medicine; Supervisor in Obstetrics; Night Supervisor for 370-bed hospital. 115 students. Good personnel policies. 44-hr. wk. Apply Director of Nurses, Misericordia Hospital, Edmonton, Alta.

Night Supervisor, Head Nurses & General Duty Nurses for 147-bed Medical & Surgical Sanatorium. Salary dependent upon experience & qualifications. Residence accommodation if desired; transportation arrangements for those living out. 1 mo. vacation annually, sick benefits, etc. Time allowed for university study. For full particulars apply Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal 5, Quebec.

Obstetrical Administrative Supervisor for 570-bed General Hospital, 76-bed dept.; supervision birth rooms, post partum & nursery. Salary: $3,936-$4,920. Degree preferred; collegiate school of nursing; N.L.N. temporary accreditation. 40-hr. wk. 9 holidays; 15 days cumulative sick leave; 12 working day vacation. Annual increments, Social Security & retirement. Living accommodations available. Apply Miss Louree Pottinger, Medical College of Virginia, Richmond, Virginia.

Head Nurse with University Certificate & previous experience preferred for 44-bed Medical Unit. **Clinical Instructor in Obstetrical Nursing (1),** duties to include assisting the head nurse in 26-bed unit. Apply Director of Nursing, General Hospital, Oshawa, Ontario.

Operating Room Supervisor, experienced, preferably with p.g. course; also **Clinical Instructor for Surgical Nursing.** Salary dependent on qualifications and experience. New wing near completion. For further particulars apply: Director of Nursing, Union Hospital, Moose Jaw, Sask.

Operating Room Supervisor with post-graduate course or experience; **Operating Room & General Staff Nurses** for Surgical & Obstetrical services. Salary schedule: General staff, $210-230, according to experience; O.R., commensurate with qualifications. New, fully equipped hospital; 78 beds. Separate residence. Excellent connections to Regina. 3 wks. holiday after 1 yr.; 4 wks. thereafter. Sick leave benefits. Apply stating qualifications, references & date available, Supt., Union Hospital, Weyburn, Sask.

Operating Room Nurse & Graduate Registered Nurse for floor duty. New hospital, 68 miles from Montreal. Excellent bus & train service. Salaries in accordance with A.N.P.Q. requirements. 8-hr. duty; 44-hr. wk. 12 days sick leave allowance. Blue Cross paid by hospital. Apply Supt., Brome-Missisquoi-Perkins Hospital, Sweetsburg, Que.

School of Nursing, Metropolitan General Hospital

WINDSOR, ONTARIO

The following positions combining both classroom and clinical instruction will be open August, 1955.

INSTRUCTOR IN PEDIATRIC NURSING
INSTRUCTOR IN SCIENCE AND SURGICAL NURSING
INSTRUCTOR IN HEALTH AND MEDICAL-SURGICAL NURSING

This is a new school of nursing with a curriculum pattern of two years of nursing education followed by one year of guided nursing service. It offers an excellent opportunity for instructors to participate in the development of a sound educational program since the hospital does not depend on students for nursing service during their two educational years.

For further information apply to:

MISS DOROTHY R. COLQUHOUN, DIRECTOR, SCHOOL OF NURSING, 2240 KILDARE ROAD, WINDSOR, ONT.

Operating Room Nurses, immediate appointments, for 511-bed newly enlarged and finely equipped hospital; 10 operating rooms now completed. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial and educational friendly activities; living cost reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio, and Pittsburg, Pa. Friendly and considerate working associates and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

Operating Room Nurses and **General Duty Nurses** for new 150-bed hospital. Starting salary for Registered General Duty Nurses $230 with annual increases to $40. 1½ days per mo. cumulative sick leave; 40 hr. wk; 28 days vacation; 10 statutory holidays. Apply: Supt. of Nurses, Trail-Tadanac Hospital, Trail, B.C.

Applications are invited from **Registered Nurses for Operating Room Duty.** For further information write: Director of Nursing, Victoria Hospital, London, Ont.

Registered Nurses & Maternity Nurses. Basic salary: $150 & $105 respectively, with additional increases. Blue Cross & many other benefits. Attractive nurses' residence, motel style. Additional help required for opening of new floor. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Dietitian (qualified) for Teaching Hospital. Opportunity for advancement. Full maintenance. Fare from Canada for accepted candidate. For full particulars, write, giving qualifications & date available, Matron, King Edward VII Memorial Hospital, Bermuda.

Public Health Nurses for Dept. of Health, City of Kingston. Salary range in effect. 5-day wk. Pension & hospitalization plans available. Apply Medical Officer of Health, City Hall, Kingston, Ont.

McKELLAR GENERAL HOSPITAL, FORT WILLIAM, ONT.

Requires

A qualified staff for the following positions:

CLINICAL INSTRUCTOR IN SURGICAL NURSING
CLINICAL INSTRUCTOR IN OPERATING ROOM
NURSING ARTS INSTRUCTOR

Gross salary commensurate with experience, 28 days vacation after one year, 8 statutory holidays, sick leave accumulative to 60 days; Residence accommodation available at reasonable rates. Hospital has recently completed a well equipped and staffed wing with extensive renovation program progressing in the old section.

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GENERAL STAFF NURSES

GENERAL WARDS **OPERATING ROOM** **OBSTETRICS**

for

200-bed hospital

Pleasant city of 33,000. Two colleges.

Good salary and personnel policy.

For further information apply to:

DIRECTOR OF NURSES, GENERAL HOSPITAL, GUELPH, ONTARIO.

Supervisor & Public Health Nurses. Porcupine Health Unit is extending its territory & will require qualified supervisor & public health nurses (preferably French-speaking). Attractive salary. 5-day wk.; 4 wks. vacation; 18 days sick leave annually. Car provided. Good working conditions. Apply Sec., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

Public Health Nurses (qualified) for City of Oshawa. Generalized program in urban area. Starting salary: $2,800-3,000, depending on experience. Annual increment $150. Transportation provided. 5-day wk. Pension & hospitalization plans available. Apply A. F. Mackay, Medical Officer, Board of Health, City Hall, Oshawa, Ont.

Public Health Nurse for generalized program with Bruce County Health Unit. Minimum salary: $2,700 with allowance for experience. Pension & Blue Cross plans available. 4 wks. vacation. Car provided if required. Apply T. H. Alton, Sec.-Treas., Bruce County Health Unit, Walkerton, Ont.

Public Health Nurse for well established generalized program in Grey County, population of town, 4,000. Minimum salary: $2,600; allowance made for experience; 4 wks. vacation. Apply to D. D. Brigham, Secretary, Board of Health, Hanover, Ont.

Public Health Nurses (qualified) for generalized Public Health Nursing service. City of Toronto, Dept. of Health. Salary range: $3,078-3,496. Starting salary based on experience. Annual increments. 5-day wk. Vacation, sick pay & pension plan benefits. Apply Personnel Dept., Room 320, City Hall, Toronto, Ont.

Public Health Nurse to assist in newly developing Child & Maternal Health program. Work includes Home Teaching of prenatal women & infants & teaching Maternal Health classes. Apply Miss B. Rowland, Nurse-in-Charge, Child & Maternal Health Division, Dept. of Health & Welfare, Charlottetown, P.E.I.

Public Health Nurse. Township of Michipicoten, 160 miles north of Sault Ste. Marie. $3,000. per yr. with 1 mo. vacation annually. 5-day wk. Annual salary increase. Blue Cross Medical Coverage. Sick leave. Transportation provided. Program of general public health nursing in community of 3,000. people. Apply Dr. F. G. Pearson, M.O.H., Township of Michipicoten, Jamestown, Ont.

ASSISTANT DIRECTOR, NURSING EDUCATION

SCHOOL OF NURSING, APPROXIMATELY 70 STUDENTS

1 CLASS PER YEAR

Affiliation — Pediatrics, Psychiatry and Tuberculosis

200-bed hospital in pleasant city, 33,000; 2 colleges

Good salary and personnel policies

Allowance for degree with experience

For further details apply to:

DIRECTOR OF NURSES, GENERAL HOSPITAL
GUELPH, ONTARIO.

OPERATING ROOM SUPERVISOR

for

SAINT JOHN GENERAL HOSPITAL
SAINT JOHN, N.B.
400 BEDS

Good salary and personnel policies. Apply:

Director of Nurses, General Hospital, Saint John, N.B.

Registered Nurses (3) for 70-bed Municipal Hospital. New wing, modern. Three separate services — Medical, Surgical & Maternity. Salary: $180 per mo. plus full maintenance with $5.00 increase every 6 mo. service for four years. 44-hr. wk.; 3-8 hr. rotating shifts. 3 wks. holiday with pay after 1 yr. service. Statutory holidays. Apply Matron, Municipal Hospital, Box C 550, Taber, Alta.

Graduate Nurses (2) for 22-bed hospital. Salary: $230 per mo., if B.C. registered; less $40 board, room, & laundry. 28 days vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, giving references, Matron, Burns Lake Hospital, Burns Lake, British Columbia.

Registered Nurses (2 or 3) for General Duty. 18-bed hospital in beautiful Windermere Valley, B.C. Separate nurses' residence, fully modern. Salary: $220 per mo. less $50 full maintenance. 28 days vacation after 1 yr. service; 2 wks. vacation at end of 6 mos. if desired. Satutory holidays & 18 days sick leave per yr. cumulative. 8-hr. alternating shifts; 40-hr. wk. Good swimming, fishing, hiking; near Radium Hot Springs; new modern theatre. Apply, stating age & when available, Mrs. D. Cookson, Matron, Lady Elizabeth Bruce Memorial Hospital, Invermere, B.C.

Graduate Nurses for Permanent and Holiday Relief for 50-bed active hospital situated within easy distance of Vancouver; 44-hr. wk. Basic salary: $240 per mo. plus $10 per mo. extra if registered in B.C.; individual rooms in separate staff residence. Apply: Miss M. R. Ward, Supt., Langley Memorial Hospital, Murrayville, B.C.

Graduate Nurses (2) for small Community Hospital in "Silvery Slocan" district of British Columbia. Salary: $230 per mo.; annual increments of $5.00 per mo. Board in hospital, $40. 40-hr. wk.; graduate complement 5. 28 days holidays after 1 yr. service. Customary sick leave, 1½ days per mo. Duties to commence in July. Apply giving full details, Sec., Slocan Community Hospital, New Denver, B.C.

General Duty Nurses for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary: $235-268. Credit for past experience. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Graduate Nurses (3) for 24-bed hospital. Salary: $230 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience, Matron, Terrace & District Hospital, Terrace, British Columbia.

Inquiries invited from **Graduate Nurses for General Staff Duty.** 40-hr. wk. Salary: $235.50 per mo. as minimum and $273.75 as maximum, plus shift differential for evening and night duty. Temporary residence accommodation is available. Applications should be accompanied by letter of acceptance of registration in B.C. from Registrar of Nurses, 2524 Cypress St., Vancouver, B.C. Please apply to Personnel Department, Vancouver General Hospital, Vancouver, B.C.

General Duty Nurses for Tranquille Sanatorium, Tranquille, B.C. Accommodation available in modern residence for nominal charge. Salary range: $239-271. 8-hr. day; 5-day wk. in effect. 4 wks. vacation & 11 statutory holidays granted. Excellent sick leave & pension plans. Apply Director of Nursing at Tranquille Sanatorium, or B.C. Civil Service Commission, Parliament Bldgs., 544 Michigan St., Victoria, B.C.

Registered Nurses (2) for 42-bed General Hospital. Good salary & excellent accommodation. 44-hr. wk. Usual holidays & sick leave benefits. For further information, apply Supt. of Nurses, Bethesda Hospital, Steinbach, Manitoba.

WOODSTOCK GENERAL HOSPITAL

WOODSTOCK, ONTARIO

REQUIRES

One Science Instructor — One Night Supervisor
Two Clinical Instructors (one qualified in Obstetrics)
Additional staff for our new Hospital.

Apply:

MISS PHYLLIS BLUETT
DIRECTOR OF NURSING

General Duty Nurses (2) for 42-bed hospital in Nova Scotia Valley. Apply Supt., Western Kings Memorial Hospital, Berwick, N.S.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & post-graduate program. Full Maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

Registered & Non-Registered Nurses for General Duty in 50-bed hospital. 44-hr. wk. For further information, apply Supt. of Nurses, General Hospital, Cobourg, Ont.

Registered Nurses (2) for General Duty at 30-bed hospital in Dryden, Northwestern Ontario. Fully modern nurses' residence. Salary: $160 per mo. plus full maintenance; subject to increase after 6 mo., with regular annual increases thereafter. 30 days vacation after 1 yr. service. Successful applicants reimbursed rail fare after 1 yr. Apply, stating age & when available, Supt., District General Hospital, Dryden, Ont.

Graduate Nurses for General Duty. Living-in accommodation if desired. Apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

General Duty Nurses for 108-bed modern hospital. Starting salary: $175 per mo. plus meals & laundry of uniforms. Additional for evening & night duty. Increase at 6 mo. and annually thereafter for further 2 yrs. 44-hr. wk. 8 statutory holidays; 21 days holidays after 1 yr. service. Cumulative sick time; medical & hospital plans available. Travelling expenses from point of entry into Ontario refunded after 6 mo. service. Apply Supt. of Nurses, Kirkland & District Hospital, Kirkland Lake, Ont.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses for modern 75-bed Hospital. Basic salary $170, plus maintenance. Apply Administrator, Dufferin Area Hospital, Orangeville, Ont.

General Duty Nurses (4) for new hospital of 140 beds. Good Salary & personnel policies. For further information, apply Director of Nurses, Plummer Memorial Public Hospital, Sault Ste. Marie, Ont.

Registered Nurses for General Duty and Operating Room in 200-bed hospital in Niagara Peninsula. Gross salary: $210; afternoons: $220; nights: $215. Annual increments; 44-hr. wk.; cumulative sick leave; 8 statutory holidays; 3 wks. annual holiday. Accommodation available in attractive residence. Apply: Director of Nursing, Welland County General Hospital, Welland, Ont.

General Duty Nurses for Obstetrical Dept. Apply, stating qualifications & references, Director of Nursing, General Hospital, Lachine, Que.

General Duty Nurses. Salary: $230. $270, $10.00 increment for experience. 40-hr. wk., 1½ days sick leave per mo. cumulative; 10 statutory holidays, (1) mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

LEADING 300-BED HOSPITAL ON LAKESHORE

invites applications from

1. General Duty Nurses
2. Supervisors — Obstetrical (1)
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Accommodation in new modern residence available. Liberal Personnel Policies. Fifty Dollars refunded on transportation after one year's service.

Apply to:

DIRECTOR OF NURSING, GENERAL HOSPITAL, PORT ARTHUR, ONTARIO

Graduate Nurses for General Staff Duty in 350-bed Tuberculosis Hospital in Laurentian Mts. For further information, apply Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Quebec.

Registered Nurses for 82-bed hospital. Gross Salary: $210-230 per mo. 44-hr. wk. with no split shifts. 30 days holidays with pay after 1 yr. of service & all statutory holidays. Full maintenance including laundry of uniforms — $30 per mo. Apply Supt. of Nurses, Union Hospital, Canora, Saskatchewan.

Registered Staff Nurses, immediate appointments, in 511-bed newly enlarged and finely equipped general hospital. Duty assignments in medical, surgical, pediatrics, psychiatric, obstetrics, or contagion units. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial, and educational friendly activities. Living costs reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio and Pittsburg, Pa. Friendly, cooperative work relations and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact: Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

Staff Nurses for 600-bed General Hospital with School of Nursing. Salary: $273-322. Shift & education differentials. 40-hr. wk. 12 holidays; cumulative sick leave; 3 wks. vacation. Apply Director of Nursing Service, General Hospital, Fresno, California.

Graduate Nurses for new & modern "Hospital of Ideas." 300-bed Cancer Research Hospital located in the beautiful Texas Medical Center. Opportunity to learn advanced methods in Cancer Nursing. Excellent working conditions; good salary; liberal employee benefits plus the advantage of associating with a University Hospital. For further information on the most talked-about hospital in the largest city in the largest state in the United States, write to the Personnel Manager, The University of Texas, M.D. Anderson Hospital and Tumor Institute, Houston 25, Texas, U.S.A.

Operating Room & General Staff Nurses for 110-bed Hospital in Fraser Valley. Basic Salary: $230. per mo. 40-hr. wk. R.N.A.B.C. agreement in effect. Address applications or enquiries to General Hospital, Chilliwack, B.C.

General Duty Nurses for 650-bed Teaching Hospital in central California. Salary: $273-320. per mo. 40-hr. wk.; liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

Operating Room Supervisor. Salary commences $300 per mo.; **Graduate Nurses** for 100-bed West Coast General Hospital. Salary: $250 per mo. less $40 for board, residence, laundry. 3 annual increments; $10 per mo. night duty bonus. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance up to $60 refunded after 1st yr. Apply Director of Nursing, General Hospital, Prince Rupert, B.C.

Public Health Nurses for generalized program (bedside nursing included). Minimum salary: $2,700 with allowance for previous experience. Annual increments. Cumulative sick leave plan. Blue Cross available. Interest free loans for purchasing cars if necessary. Transportation allowance. 1 mo. holiday at the end of 1 yr. Apply Dr. J. I. Jeffs, M.D., D.P.H., Lennox & Addington County Health Unit, Memorial Bldg., Napanee, Ontario.

ASSISTANT DIRECTOR OF NURSING

Required on or before July 15 for New 125-bed Hospital in Suburban Toronto.

Salary open depending on training and experience.

Enquiries treated in confidence.

Apply Administrator,

HUMBER MEMORIAL HOSPITAL, 200 CHURCH ST., WESTON, ONTARIO

Operating Room & Central Supply Supervisor on or before July 1 to take charge & be responsible for administration of both. 60-bed General Hospital in South Western Ontario approximately 23 miles from London with good bus or train service. Apply: Supt., General Hospital, Strathroy, Ont.

Instructors for Science & Nursing Arts teaching 90 students. One Class per yr. New Hospital. Good Personnel Policies. Salary dependent on qualifications & experience. Apply: Director of Nursing, Moncton Hospital, Moncton, N.B.

General Duty Nurses for modern, well equipped 50-bed hospital. Salary: $270 per mo. $10 extra for evenings & nights. Increases after 6 mos. Uniform laundry furnished. Good living & working conditions. Registration by reciprocity for R.N. who wrote Test pool examinations. Apply: The Cody Hospital, Cody, Wyoming.

Registered Staff Nurses for 200-bed Teaching Children's Hospital located in Puget Sound in heart of Pacific Northwest. Starting Salary: $255 per mo. 40-hr. wk. Opportunity for study at nearby University of Washington. Write: Director of Nursing, Children's Orthopedic Hospital, 4800 Sand Point Way, Seattle 5, Washington.

Registered Nurses for 84-bed hospital. Salary: $285; Differential afternoon & night shifts; $10 raise after 6 mo. 40-hr. wk. 2 wks. vacation after one yr. 12 days sick leave annually. Maintenance $40 per mo. **Operating Room Nurse** same as above plus $10 monthly if experienced. Apply: Sr. M. Henrietta, Superior, St. Ann's Hospital, Juneau, Alaska.

Public Health Nurses for a generalized program in a rural-suburban Health Unit near Toronto. Minimum salary $3000. Pension plan. For full details apply Supervisor, Peel County Health Unit, Court House, Brampton, Ont.

General Duty Nurses for 40-bed hospital. Salary: $250 per mo. less $45 full maintenance. 42-hr. wk. 28 days annual holiday plus 10 statutory holidays. Rotating shifts. Cumulative sick leave. Self contained residence. Apply Director of Nursing, General Hospital, Princeton, B.C.

Head Nurse with University Certificate & previous experience preferred for 44-bed Medical Unit. Apply Director of Nursing, General Hospital, Oshawa, Ontario.

General Duty Nurses for all departments. Gross salary: $200 per mo. if registered in Ontario with 1 yr. or more of experience; $190 with less than 1 yr. of experience & until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply Director of Nursing, General Hospital, Oshawa, Ont.

Public Health Nurses (2) for August 1, for generalized program in rural area. Salary commensurate with experience. Liberal car allowance. Preference given to one with secondary school experience. Apply Muskoka District Health Unit, Bracebridge, Ont.

Public Health Nurses (qualified) for generalized public health nursing city service & (1) for secondary school program. Basic salary $2,900 for C.P.H.N. & $3,000. for B.Sc. N., adjusted according to experience on starting. Annual increment $150. Shared pension, medical care & hospitalization plans. Sick leave accumulative. 1 mo. vacation. Transportation provided or car allowance. Apply Medical Officer of Health, Peterborough, Ontario.

Matron for 25-bed hospital, duties to commence July 1. Apply, stating experience & salary expected, Sec.-Treas., Municipal Hospital, Three Hills, Alta.

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REGINA, SASK.

invites applications for the following Nursing Staff positions:

1. Clinical Instructor — Medical Nursing.
2. Clinical Instructor or Assistant — Surgical Nursing.
3. Nursing Arts Instructor or Assistant.
4. Nursing Service Supervisor — (Nursing Office Staff).

Attractive Personnel Policies. Residence Accommodation — if desired.
New School Unit.

***Apply to:* Superintendent of Nurses.**

General Duty Graduate Nurses for 70-bed acute General Hospital situated 200 miles northwest of Vancouver on the B.C. coast. Salary $222 per mo. plus four semi-annual increments, less $25 per mo. full maintenance; 4 wks. holidays plus 10 statutory holidays after 1 yr. Transportation advanced if desired. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

General Duty Nurses for hospital 300 miles north of Vancouver, on the B.C. coast. Salary $215 per mo. less $40 maintenance; 2 annual increments of $5.00 per mo. Sick time 1½ days per mo. cumulative; 1 mo. annual holiday, plus 10 days in lieu of statutory holidays. Transportation to Bella Bella refunded after 1 yr. Apply: Matron, The R. W. Large Memorial Hospital of the United Church of Canada, Campbell Island P.O., Bella Bella, British Columbia.

General Duty Nurses (2) for permanent staff or summer relief of well-equipped small hospital. Salary: $165 per mo. plus full maintenance; 1 mo. vacation after 1 yr. 8 hr. duty; 5½ day wk.; rotating shifts; long weekend following night duty. Popular summer resort. Apply Supt., Saugeen Memorial Hospital, Southampton, Ont.

Wanted Immediately (2) Registered Nurses for fully-modern 30-bed Hospital. Salary: $175 per mo. with full maintenance. Separate living quarters. Apply Mrs. V. Miller, Supt., District Hospital, Roblin, Man.

General Duty Nurses for Modern 450-bed Hospital. Excellent personnel policies & working conditions. Apply Director of Nursing, Kitchener-Waterloo Hospital, Kitchener, Ontario.

Public Health Nurses required for Generalized Program in Seaway Development Area. Minimum Salary: $2,700. with allowance for experience. Group Insurance & Blue Cross available. Apply R. S. Peat, M.D., Medical Officer of Health, S.D. & G. Health Unit, 104 2nd St., W., Cornwall, Ont.

Instructor in Nursing Arts, Instructor in Science, Clinical Instructor in Operating Room Technique, Clinical Instructor in Pediatrics. Modern 450-bed Hospital. Maximum of 90 Students — 1 class a yr. Excellent personnel policies. Apply Director of Nursing Education, Kitchener-Waterloo Hospital, Kitchener, Ont.

Science Instructor for School of Nursing of 200 Students in 755-bed Hospital: Duties to commence Sept. 1, 1955. Apply Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Public Health Nurses. Generalized program. Minimum Salary: $2,700. Allowance for experience & annual increments. Pension plan; Blue Cross & Windsor Medical Services available. For further details apply to Dr. W. H. Johnston, Medical Officer of Health, City Hall, Chatham, Ontario.

District Supervisor for City of Ottawa Health Dept., preferably with certificate in administration & supervision in Public Health Nursing. Generalized program under director of Public Health Nursing. Good Personnel Policies, Blue Cross & pension plan available. For further details apply Employment & Labour Office, Treasury Dept., Transportation Bldg., 48 Rideau St., Ottawa 2, Ontario.

Graduate Nurses, Evening Supervisor, Night Supervisor for modern 44-bed Hospital in southern Ontario. 44-hr. wk.; rotating shifts; 8 statutory holidays; 3-wks. annual holiday. New residence under construction. Apply Supt., Haldimand War Memorial Hospital, Dunnville, Ontario.

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FOR

CLINICAL INSTRUCTOR, HEAD NURSE, GENERAL DUTY

44-hour week, annual increments, cumulative sick leave, statutory holidays. Vacation: 4 weeks for Instructor and Head Nurse; 3 weeks for General Duty.

NURSING ASSISTANTS

40 hour week, 2 weeks vacation, other benefits comparable to Registered Nurses.

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Barton Street Unit • Mount Hamilton Hospital • Nora-Frances Henderson Hospital

Communicate directly with the Superintendent of Nurses of the hospital in which interested.

Graduate Nurse (1) & Catherine Booth Graduates for New Hospital 68 miles from Montreal. Excellent bus & train service. Salaries in accordance with R.N.A.P.Q. Requirements. 8-hr. duty. 1½ days off per wk. 30 days annual holiday; 12 days sick leave allowance. Blue Cross paid by hospital. Apply Supt., Brome-Missisquoi-Perkins Hospital, Sweetsburg, Quebec.

Qualified Public Health Nurses for Generalized Public Health Nursing Service for City of Toronto, Dept. of Public Health. Salary Range: $3,186-3,618. Starting Salary based on experience. Annual Increments; 5-day wk. Vacation, Sick Pay & Pension Plan Benefits. Apply Personnel Dept. Room 320, City Hall, Toronto, Ontario.

Graduate Nurses for General Duty. Basic Salary $300. plus differentials. 118-bed Hospital along the shores of Lake Michigan, 25 miles from Chicago. Modern ranch style Nurse's homes. Good Personnel policies. Apply Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Illinois.

Nurses for Obstetrical, Surgical & Operating Room Services in new 200-bed General Hospital. Starting Salary: $260. per mo., 40-hr. wk., good personnel policies. Limited number of accommodations for living in. Apply Director of Nursing Service, St. Charles Hospital, Toledo 5, Ohio.

General Duty Nurses (3) at once for 25-bed hospital; 2 hrs. from Calgary. 8-hr. shifts; 6 day wk., 1 mo. holiday with pay after 1 yr. service. $5.00 increments at 6 mo. & 1 yr. Fully modern. Alberta's Wheat Centre. Apply: Matron, Municipal Hospital, Three Hills, Alberta.

Assistant Science Instructor & Nursing Arts Instructor. (1) Class yearly, (35) in Class. Attraction for week-ends in nearby Rocky Mountains, Waterton & Glacier National Parks. Apply St. Michael's School of Nursing, Lethbridge, Alta.

Registered Nurses (4). Two for June 9; One, June 15, One June 23. One with Operating Room experience. Fully modern 24-bed Hospital. Salaries as per schedule, sick leave & holidays. Fare refunded after 1 yr. service. Apply Secretary-Manager, Community Hospital, Pouce Coupe, B.C.

General Duty Nurses (2) for small 12-bed Hospital about 200 miles from Calgary. One to commence duties July 1 & the other Aug. 1. Salary $205. per mo. plus full maintenance. Two increases of $5.00 per mo. after each 6 mo. service. 8-hr. day. Good train & bus service. Apply Matron, Municipal Hospital, Cereal, Alta.

General Duty Nurses. Salary: $230-$270, $10 increment for experience. 40 hr. wk., 1½ days sick leave per mo. cumulative, 10 statutory holidays, (1) mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

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428-bed Teaching Hospital expanding to 850.

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- **Openings available in Medicine, Surgery, Emergency, Communicable Diseases, Psychiatry.**
- **40-hour week.**
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- **Liberal personnel policies.**

Write to

Personnel Director
Hurley Hospital
Flint, Michigan

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Provincial Associations of Registered Nurses

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QUEBEC

The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec Incorporated February 14, 1920.

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